



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

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First District

Yvonne Brathwaite Burke
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June 2, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVE ELEVEN HIV/AIDS SERVICE AMENDMENTS
FOR OFFICE OF AIDS PROGRAMS AND POLICY
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of Health Services, or his designee, to execute eight amendments to Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) service agreements, for case management and home/community-based care services, substantially similar to Exhibit I, and early intervention program services, substantially similar to Exhibit II, contingent upon review and approval by County Counsel, with the service providers identified in Attachment A, to extend the terms of the agreements as set forth in Attachment B, effective July 1, 2005 through June 30, 2006, for a total maximum obligation of \$3,204,700.
2. Delegate authority to the Director of Health Services, or his designee, to execute three amendments to HIV/AIDS service agreements for faith-based prevention initiative services in African-American and Latino communities, substantially similar to Exhibit III, contingent upon review and approval by County Counsel, with the service providers identified in Attachment A, to extend the term of the agreements as set forth in Attachment B, effective January 1, 2006 through December 31, 2006, with two 12 month renewal periods through December 31, 2008, for a total maximum obligation of \$1,350,000.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:

In approving the recommended actions, the Board is authorizing the Department of Health Services (DHS or Department) to obligate federal Centers for Disease Control and Prevention (CDC),

California Health and Human Services Agency (CHHS) and County AIDS funds, through the execution of 11 amendments to extend the contract terms with 11 community-based providers.

Board approval of the recommended actions will allow DHS to continue the provision of vital HIV/AIDS services to the residents of Los Angeles County.

FISCAL IMPACT/FINANCING:

The 11 amendments have a total maximum obligation of \$4,554,700, offset by \$1,099,333 in State funds, \$1,350,000 in CDC funds and \$2,105,367 in County AIDS Net County Cost (NCC). Funding is included in the Fiscal Year (FY) 2004-05 Adopted Budget and will be requested in the FY 2005-06 Proposed Budget and future budget requests as required.

Payments under the amendments will continue on a cost reimbursement basis.

Attachment B identifies the providers by service category, the contract maximum obligations by term, and whether the services are primarily funded by the State, CDC, or NCC.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

Historically, the Board has accepted financial assistance from State funding sources and taken a number of actions to expend grant funds, primarily through contracts with community-based providers.

Since February 1983, the County has accepted funding from the CDC to enhance HIV/AIDS prevention activities. For a number of years, the Board has approved agreements with community-based agencies to implement these HIV/AIDS activities and improve the delivery and effectiveness of HIV prevention and care services.

Case Management and Home/Community-Based (6 Amendments)

On May 16, 1995, November 14, 1995, and June 17, 1997, the Board approved various case management and home/community-based care services agreements to provide for a continuum of home and community-based care for persons with AIDS and AIDS-related conditions.

On May 29, 2001 the Board approved amendments to these agreements which extended the contract terms through June 30, 2004.

On June 3, 2004, the Board approved amendments that extended the contract terms effective July 1, 2004 through June 30, 2005.

Under the recommended amendments, six contractors will continue to provide case management and home/community-based services. The term of these agreements will be extended from July 1, 2005 through June 30, 2006.

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Early Intervention (2 Amendments)

On May 29, 2001 the Board approved the Department's request to extend the contract terms effective July 1, 2001 through June 30, 2004 for the continued provision of early intervention services with Charles R. Drew University of Medicine and Science (Drew University) and Prototypes.

On June 3, 2004, the Board approved amendments that extended the contract terms effective July 1, 2004 through June 30, 2005.

Under the recommended amendments, Drew University will continue to provide early intervention services which include case management, health assessment, health education, psychosocial counseling, information and referral, and basic medical treatment. Prototypes will provide a continuum of care to HIV infected women, their at-risk partners and family members. The term of these agreements will be extended from July 1, 2005 through June 30, 2006.

Faith-Based Prevention Initiative (3 Amendments)

On January 13, 2004, the Board approved various agreements to provide HIV/AIDS faith-based prevention initiative services for African-American and Latino communities with a contract term through December 31, 2005.

In Los Angeles County, the HIV/AIDS epidemic disproportionately impacts communities of color. African-Americans consistently have the highest AIDS case rates whereas Latinos represent the largest absolute number of new AIDS cases. The studies also suggest that African-Americans and Latinos obtain HIV testing and receive AIDS diagnosis later in the disease progression on average than do Caucasians, Asians and Pacific Islanders, therefore the continued provision of education and prevention is important to these target communities.

The Los Angeles County HIV Prevention Planning Committee (PPC) in conjunction with DHS have identified African-Americans and Latinos at particular risk for unidentified HIV infection. Further, the PPC and DHS recognize that institutions and communities of faith are very important sources of trusted information and mediators of behavior for many populations and are particularly significant within some racial and ethnic minority communities.

Under the recommended amendments for this service category, the contract terms will be extended from January 1, 2006 through December 31, 2006, with two 12-month renewal periods, effective January 1, 2007 through December 31, 2007 and January 1, 2008 through December 31, 2008.

CONTRACTING PROCESS

Both the Department and the State released solicitations over the period of 1994 through 1997 which consisted of Request for Concept Papers and Request for Applications to select contractors for the provision of HIV/AIDS services. The service categories included counseling and testing, early intervention programs, women's early intervention programs, training and cross training, mobile counseling and testing, and case

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management home/community based care services. The current Contractors were recommended as a result of the solicitation process.

During the extension period, the Department will be conducting new open competitive solicitations to select recommended contractors for the continued provision of case management and home community/based services, and early intervention services.

On February 28, 2003, DHS released RFP #2003-001, Faith-Based HIV/AIDS Prevention Initiative in Los Angeles County. BaumanCurry & Company, Palms Residential Care Facility, and The Wall, Las Memorias were the recommended contractors as a result of this process.

The Contractors are in compliance with all Board, CAO and County Counsel requirements.

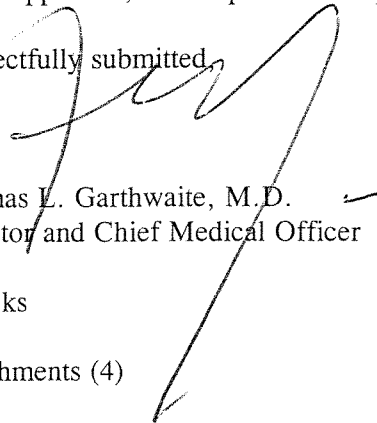
The Department has determined that the contracts do not fall under the guidelines of Proposition A and that the Living Wage Ordinance does not apply to these contract.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of these amendments will allow Countywide HIV/AIDS services to continue uninterrupted.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,


Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:ks

Attachments (4)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

OAPP.11AMEND.KS.wpd

1. TYPE OF SERVICE:

HIV/AIDS Case Management and Home/Community-Based Care Services
HIV/AIDS Early Intervention Program Services
4 HIV/AIDS Faith-Based Prevention Initiative Services

2. AGENCY NAME AND CONTACT PERSON:

- A. AIDS Project Los Angeles
The David Geffen Center
611 South Kingsley Drive
Los Angeles, California 90005
Attention: Craig E. Thompson, Executive Director
Telephone: (213) 201-1456
Fax: (213) 201-1684
- B. AIDS Service Center, Inc.
1030 South Arroyo Parkway
Pasadena, California 91105
Attention: Yvonne C. Benson, Executive Director
Telephone: (626) 441-8495 X222
Fax: (626) 799-6253
- C. AltaMed Health Services Corporation
500 Citadel Drive, Suite 490
Los Angeles, California 90040
Attention: Castulo de la Rocha, President/CEO
Telephone: (323) 725-8751
Fax: (323) 889-7399
- D. BaumanCurry & Company
5724 West 3rd Street, Suite 512
Los Angeles, California 90036
Attention: Janet M. Curry, Chief Executive Officer/President
Telephone: (323) 525-0559
Fax: (323) 525-1877
- E. Charles R. Drew University of Medicine and Science
1731 East 120th Street
Los Angeles, California 90059
Attention: Dr. Harry E. Douglas, Interim President
Telephone: (323) 563-4987
Fax: (323) 563-1953

- F. Minority AIDS Project
5149 West Jefferson Boulevard
Los Angeles, California 90016
Attention: Victor P. McKamie, Executive Director
Telephone: (323) 936-4949
Fax: (323) 936-4973
- G. Palms Residential Care Facility
8480 South Figueroa Street
Los Angeles, California 90003
Attention: Kevin L. Pickett, Chief Executive Officer
Telephone: (323) 751-3330
Fax: (323) 751-2476
- H. Prototypes, A Center for Innovation in Health,
Mental Health, and Social Services
5601 West Slauson Avenue, Suite 200
Culver City, California 90230
Attention: Vivian Brown, Ph.D., Chief Executive Officer
Telephone: (310) 641-7795
Fax: (310) 649-3096
- I. St. Mary Medical Center
Care Programs & Clinics
1050 Linden Avenue
Long Beach, California 90813
Attention: Joel P. Yuhaz, EVP & COO
Telephone: (562) 491-9042
Fax: (562) 491-7926
- J. Tarzana Treatment Centers, Inc.
18646 Oxnard Street
Tarzana, California 91356-1486
Attention: Albert Senella, Chief Operating Officer
Telephone: (818) 996-1051 X1124
Fax: (818) 996-3051
- K. The Wall, Las Memorias
111 North Avenue 56
Los Angeles, California 90042
Attention: Richard Zaldivar, Executive Director
Telephone: (323) 257-1056
Fax: (323) 257-1625

3. TERMS:

	<u>Term 1</u>	<u>Term 2</u>	<u>Term 3</u>
NCC	7/1/05 - 6/30/06		
State	7/1/05 - 6/30/06		
CDC	1/1/06 - 12/31/06	01/01/07 - 12/31/07	01/01/08 - 12/31/08

4. FINANCIAL INFORMATION:

	<u>Term 1</u>	<u>Term 2</u>	<u>Term 3</u>	<u>Totals</u>
CDC Funds:	< 450,000 >	< 450,000 >	< 450,00 >	< 1,350,000 >
State Funds:	< 1,099,333 >	< 0 >	< 0 >	< 1,099,333 >
<u>Net County Cost:</u>	<u>2,105,367</u>	<u>0</u>	<u>0</u>	<u>2,105,367</u>
Maximum County Obligation:	\$3,654,700	\$450,000	\$450,000	\$4,554,700

5. GEOGRAPHIC AREA SERVED:

Countywide

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

Charles L. Henry, Director,
Office of AIDS Programs and Policy

7. APPROVALS:

Office of AIDS Programs and Policy: Mario Perez, Interim Director

Public Health: John F. Schunhoff, Ph.D., Chief of Operations

Contracts and Grants Division: Cara O'Neill, Chief Contracts & Grants

County Counsel (approval as to form): Allison Morse, Deputy County Counsel

HIV/AIDS RELATED SERVICES

Agency and Agreement Number	Term 1	Term 2	Term 3	Total	Funding Source	SPA	Supv. Dist.
CASE MANAGEMENT & HOME/COMMUNITY-BASED CARE SERVICES AMENDMENTS Term: 7/1/05 - 6/30/06, (No Automatic Renewals)							
AIDS Project Los Angeles No. H-204620-10	\$ 446,396	\$ 0	\$ 0	\$ 446,396	NCC	4	3
AIDS Service Center, Inc. No. H-208501-8	\$ 553,743	\$ 0	\$ 0	\$ 553,743	NCC	3	5
AltaMed Health Services Corporation No. H-205189-10	\$ 177,457	\$ 0	\$ 0	\$ 177,457	NCC	7	1
Minority AIDS Project No. H-208517-8	\$ 150,528	\$ 0	\$ 0	\$ 150,528	NCC	6	2
St. Mary Medical Center No. H-208518-8	\$ 485,153	\$ 0	\$ 0	\$ 485,153	NCC	8	4
Tarzana Treatment Centers, Inc. No. H-204608-9	\$ 292,090	\$ 0	\$ 0	\$ 292,090	NCC	2	3

HIV/AIDS RELATED SERVICES

Agency and Agreement Number	Term 1	Term 2	Term 3	Total	Funding Source	SPA	Supv. Dist.
EARLY INTERVENTION PROGRAM SERVICES AMENDMENTS							
Term: 7/1/05 - 6/30/06, (No Automatic Renewals)							
Charles R. Drew University No. H-208499-10	\$ 454,333	\$ 0	\$ 0	\$ 454,333	State	6	2
Prototypes, A Center for Innovation in Health, Mental Health and Social Svs No. H-206227-9	\$ 645,000	\$ 0	\$ 0	\$ 645,000	State	4, 7	1, 3
FAITH-BASED PREVENTION INITIATIVE SERVICES AMENDMENTS							
Term 1: 1/1/06-12/31/06, Term 2: 1/1/07-12/31/07, Term 3: 1/1/08-12/31/08							
BaumanCurry & Company H-700185-1	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000	CDC	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5
Palms Residential Care Facility H-700183-1	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000	CDC	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5
The Wall, Las Memorias H-700184-1	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000	CDC	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5

CDC funds: <\$1,350,000>

State funds: <\$1,099,333>

NCC: \$2,105,367

Total Maximum County Obligation: \$4,554,700 offset with CDC, State funding and NCC.

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
EARLY INTERVENTION PROGRAM SERVICES AGREEMENT**

Amendment No. 10

THIS AMENDMENT is made and entered into this _____ day
of _____, 2005,

by and between

COUNTY OF LOS ANGELES (hereafter
"County"),

and

CHARLES R. DREW UNIVERSITY OF
MEDICINE AND SCIENCE (hereafter
"Contractor").

WHEREAS, reference is made to that certain document entitled
"HUMAN IMMUNODEFICIENCY VIRUS (HIV) ACQUIRED IMMUNE DEFICIENCY
SYNDROME (AIDS) EARLY INTERVENTION PROGRAM SERVICES AGREEMENT",
dated June 17, 1997, and further identified as Agreement No. H-
208499, and any Amendments thereto (all hereafter "Agreement");
and

WHEREAS, it is the intent of the parties hereto to extend
Agreement and provide other changes set forth herein; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written Amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective on July 1, 2005.

2. The first paragraph of Paragraph 1, TERM, shall be amended to read as follows:

"1. TERM: The term of this Agreement shall commence on June 17, 1997 and continue in full force and effect through June 30, 2006, subject to the availability of federal, State, or County funding sources. In any event, County may terminate this Agreement in accordance with the TERMINATION Paragraphs of the ADDITIONAL PROVISIONS hereunder."

3. Paragraph 2, DESCRIPTION OF SERVICES, shall be amended to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibits A, D, E, F, F-1, G, G-1, H, H-1, I, J, J-1 and K, attached hereto and incorporated herein by reference."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, Subparagraph I, shall be added to Agreement as follows:

"I. During the period of July 1, 2005 through June 30, 2006, the maximum obligation of County for all services provided hereunder shall not exceed Four Hundred Fifty-Four Thousand, Three Hundred Thirty-Three Dollars (\$454,333). Such maximum obligation is comprised entirely of California Health and Human Services Agency funds. This sum represents the total maximum obligation of County as shown in Schedules

20, 21, 22, and 23, attached hereto and incorporated herein by reference."

5. Paragraph 6, COMPENSATION, shall be amended to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services set forth in Schedules 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, and 23, and the COST REIMBURSEMENT paragraph of this Agreement."

6. Paragraph 7, CONFLICT OF TERMS, shall be amended to read as follows:

"7. CONFLICT OF TERMS: To the extent there exists any conflict or inconsistency between the language of this Agreement including its ADDITIONAL PROVISIONS and that of any of the Exhibits, Attachments, and Schedules attached hereto and any documents incorporated herein by reference, the language in this Agreement shall govern and prevail in the following order:

Exhibits A, E, F, F-1, G, G-1, H, H-1, I, J,
J-1 and K,
Schedules 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,
12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22,
and 23,
Exhibits B, C, and D."

7. Paragraph 49, "CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT", shall be deleted in its entirety from the ADDITIONAL PROVISIONS.

8. Paragraph 59, "CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. Part 76)", shall be added to ADDITIONAL PROVISIONS as follows:

"59. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. Part 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners, officers, partners, directors, or principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner, director, or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of

this Agreement, should it or any of its subcontractors or any principals of either be suspended, debarred, ineligible, or excluded from securing federally funded contracts.

Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement."

9. Exhibit K, SCOPE OF WORK FOR HIV/AIDS EARLY INTERVENTION PROGRAM SERVICES and Schedules 20, 21, and 23, BUDGETS FOR HIV/AIDS EARLY INTERVENTION PROGRAM SERVICES, are attached to this Amendment and incorporated in Agreement by reference.

10. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

CHARLES R. DREW UNIVERSITY OF MEDICINE
AND SCIENCE

Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants

EXHIBIT K

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
EARLY INTERVENTION PROGRAM SERVICES**

1. DEFINITIONS:

A. The HIV/AIDS Early Intervention Program (EIP) offers services for persons with HIV and their "at-risk" partners and family members. EIP services are a combination of medical, psychosocial, health education, risk reduction, and case management services that are provided as a part of a continuum of care for HIV-infected individuals. The EIP must maintain effective communication with providers of HIV testing to ensure that persons who test positive obtain necessary medical, psychosocial, health education, transmission risk reduction, and case management services.

B. "Major Assessment" is the major, comprehensive visit, or series of visits, to the Early Intervention Program which takes place a minimum of every six (6) months for each client. At a minimum, it includes a health assessment with appropriate laboratory tests, a psychosocial assessment, health education assessment, HIV transmission risk assessment, and case management which includes a needs assessment. Additional services and referrals may take

place between major assessments, as determined by the needs of the client.

C. "Health Assessment" consists of an evaluation of the EIP client's health status and health care needs through a medical history, physical examination, laboratory evaluation, and medical eligibility determination by a clinician.

D. "Mental Health/Psychosocial Services" include: psychosocial assessments at regular intervals; development of an individualized treatment plan; individual, group, couple and/or family counseling; and crisis intervention. Short-term or sustained therapeutic interventions provided by mental health professionals for patients/clients experiencing acute and/or ongoing psychological distress may be included. These services are usually provided on a regularly scheduled basis with arrangements made for non-scheduled visits during times of increased stress or crisis.

E. "HIV Transmission Risk Reduction Services" include an assessment of HIV transmission risk behaviors at regular intervals. Based on the assessment, clients may be provided with education, risk reduction strategies, or appropriate interventions such as substance abuse treatment.

F. "HIV/AIDS Case Management Services" are client-centered services that link persons who have HIV disease or

AIDS with health care and psychosocial services in a manner that ensures continuity of care through timely, coordinated access to appropriate level of care and support services.

G. "Bridge Project" consist of two (2) goals:

1) increase the number of HIV-infected persons of color that are referred and enrolled in comprehensive HIV prevention and treatment services; 2) re-engage those HIV-infected persons of color who are or have been enrolled in EIP but are marginally engaged in care. Clients marginally engaged in care are those who have not received any services within the scope of any EIP core service areas within six (6) months, or who have failed to keep two (2) or more sequential appointments within any of EIP's core service areas (medical care, case management, risk reduction, health education, psychosocial counseling).

H. The goal of the "Positive Changes" program is to prevent the transmission of HIV by addressing the multiple factors (e.g., homelessness, mental health issues, addiction) that affect the sexual and drug use behaviors of high-risk HIV-positive and HIV-negative individuals.

2. PERSONS TO BE SERVED: HIV/AIDS EIP services shall be targeted to HIV-infected persons from underserved communities in Los Angeles County. The HIV/AIDS EIP may also provide services to the "at-risk" partners and family members of clients,

regardless of their HIV status, which include, but are not limited to: confirmatory testing, health education, HIV transmission risk reduction and prevention, short-term family or couples counseling, and linkages to pediatric services for the children of clients.

3. COUNTY'S MAXIMUM OBLIGATION: During the period of July 1, 2005 through June 30, 2006, that portion of County's maximum obligation which is allocated under this Exhibit for HIV/AIDS early intervention program services shall not exceed Four Hundred Fifty-Four Thousand, Three Hundred Thirty-Three Dollars (\$454,333).

4. COMPENSATION: County agrees to compensate Contractor for performing services hereunder as set forth in Schedules 20, 21, 22, and 23. Payment for services provided hereunder shall be subject to the provisions set forth in the COST REIMBURSEMENT Paragraph of the of this Agreement.

5. PATIENT ELIGIBILITY: Individuals eligible for HIV/AIDS EIP services shall have demonstrated HIV infection by a confirmed positive HIV antibody test. The client is eligible for these services if he/she is asymptomatic or has not demonstrated serious, ongoing symptoms related to an HIV-associated illness. Persons enrolled in the EIP who have transitioned to appropriate medical care outside of the EIP may remain in the program to receive non-medical services.

6. SERVICE DELIVERY SITE: Contractor's facility where HIV/AIDS EIP services will be provided hereunder is located at: 3209 North Alameda Street, Los Angeles, California 90222. Clients may be referred to other locations.

Contractor shall request approval from Office of AIDS Programs and Policy (OAPP) and State in writing a minimum of sixty (60) days before terminating services at this location and/or before commencing services at any other location(s).

7. SERVICES TO BE PROVIDED: Contractor shall provide HIV/AIDS EIP services to eligible clients in accordance with procedures formulated and adopted by Contractor's staff, consistent with laws, regulations, current medical and nursing practice in the field of HIV/AIDS, and the terms of this Agreement in accordance with Attachment 1, "Service Delivery Site Questionnaire" attached hereto and incorporated herein by reference. Contractor shall follow California Department of Health Services' Office of AIDS/Early Intervention Program protocols, guidelines, and advisories incorporated herein by reference, for the major program components including, but not limited to: Administration, Case Management, Clinic Operations, Data Reporting, Health Assessment, Health Education, Medical Records, Mental Health, and Reimbursement Schedule and Guidelines. Contractor shall provide services on site or, when appropriate, through referral to other organizations within the

community. Contractor shall maintain Letters of Agreement(s) and/or Subcontract Agreement for the provision of all services provided through referral or on a contractual basis. Such written agreement(s) shall be sent to County's Department of Health Services, Office of AIDS Programs and Policy. HIV/AIDS EIP services provided through a subcontractor shall be reimbursed hereunder. Once the disease has progressed and medical services beyond the scope of the EIP are required, the client shall be referred to an appropriate medical provider. Once referred, the medical services will no longer be reimbursed through this contract. Non-medical services may still be provided and reimbursed.

The Contractor shall focus on outreach efforts to underserved persons in order to increase the number of clients utilizing the HIV/AIDS EIP services. An outreach plan and all materials used for outreach activities and protocols shall be approved by OAPP. Contractor will render basic HIV/AIDS EIP services to a minimum of one hundred eighty (180) persons with HIV, and provide appropriate referrals and/or family support services to their children, and to their "at risk" partners and family members, as needed. Client services shall include, but are not limited to: medical monitoring, health education, mental health and psychosocial support, HIV transmission risk assessment

and reduction, case management, and any appropriate referrals to other services needed by the client.

Clients may be evaluated and receive appropriate services as needed, but, at a minimum, they must be given a major assessment every six (6) months.

The HIV/AIDS EIP must include, at a minimum, six (6) core components: (1) medical monitoring, (2) transmission risk reduction services, (3) mental health and psychosocial support services, (4) health education, (5) case management, and (6) outreach services through advertisement.

A. Medical Monitoring: Comprehensive medical evaluations and laboratory tests will be conducted at regular intervals to monitor HIV infection, and prophylactic therapies will be prescribed and monitored as appropriate. Services to be provided **on site** shall include, but are not limited to:

(1) A comprehensive medical and social history, identification of pertinent HIV disease signs and symptoms, and complete physical examination, including screening and evaluating patients for tuberculosis (TB) and syphilis infections. TB and syphilis screening shall be conducted in accordance with the procedures set forth in Exhibits C, D, and G of this Agreement. Thereafter, syphilis screening shall be conducted as

appropriate based on the patient's sexual history, and TB screening shall be conducted as indicated by contact history to TB or signs and symptoms of pulmonary disease;

(2) Screening of the CD4+ count to evaluate the immune system at three (3) month intervals. Such screening shall be performed more frequently as the CD4+ count goes below six hundred (600) or if there is a dramatic drop, regardless of the actual count;

(3) Venipuncture;

(4) Viral load test performed at the same time with CD4+ count to determine the amount of HIV in a client's blood, and to decide for an appropriate medical response and therapy for the client;

(5) Appropriate follow-up of laboratory results;

(6) Breast examination; and

(7) Gynecologic exams, including pap smears and the diagnosis and treatment of uncomplicated gynecologic infections and sexually transmitted diseases.

B. Transmission Risk Reduction: All clients shall be assessed for HIV transmission risk behaviors at regular intervals with risk reduction strategies, substance abuse counseling, and behavior change support as needed.

C. Mental Health and Psychosocial Support: All clients shall receive psychosocial assessments at regular intervals. Clients shall also be offered the following mental health and psychosocial support services, as appropriate: individual, couples, family, and/or group psychotherapy. For any clients seen for short or long-term therapy, an individual treatment plan shall be developed and updated as necessary.

D. Health Education: All clients will be offered HIV/AIDS and general health education with knowledge assessments at regular intervals. Risk assessment and behavior change strategies will be used to promote health maintenance. Other appropriate health topics including: risk of infection, safer sex methods, alternative therapies, substance misuse, and legal issues will be provided through group or individual health education sessions. All materials utilized must be submitted to OAPP for approval prior to use.

E. Case Management: All clients will be offered needs assessments at regular intervals with individualized care plans, appropriate referrals, and linkages for future HIV/AIDS treatment and support services.

(1) Performing an assessment/evaluation of each client's strengths, needs, and resources as well as an

assessment of physical, psychological, environmental, and financial status during intake procedure.

(2) Developing a service plan which includes client goals and methods of reaching these goals. This plan shall be developed in conjunction with the client. The plan shall be updated quarterly.

(3) Providing clients with appropriate referrals and resources as needed. Case manager shall advocate on the client's behalf to ensure accessibility to services. Case manager shall follow-up referrals and interventions to ascertain and ensure client's access to designated services.

(4) Contacting clients on a regular basis as defined by the needs of the client. Telephone or attempted telephone contacts shall be made at least twice a month. Face-to-face or attempted face-to-face contacts shall be made at least once per quarter.

(5) Serving as an advocate/counselor, particularly during times of crisis, exacerbation of symptoms, loss of other support, and during emotional and financial difficulty.

(6) Being available as a contact for questions and assisting clients with problem solving.

(7) Completing other activities such as:
participating in conference case reviews; charting and completing other documentation; attending meetings and actively participating in a designated County-wide coordinated case management task force;
providing/receiving clinical supervision; participating in trainings; and developing and revising, as needed, HIV/AIDS information and resources.

(8) Performing random evaluation of twenty percent (20%) of all cases on a quarterly basis for quality assurance.

(9) Conducting and documenting case conferences for thirty percent (30%) of all cases (or 100% for caseloads of thirty (30) or fewer) on a quarterly basis.

F. Contractor shall conduct eligibility screening for the ADAP for a minimum of fifteen (15) enrollments and twenty-five (25) recertifications. ADAP screening for recertification shall be conducted annually.

(1) Contractor shall provide ADAP eligibility screening in accordance with Attachment I, CDHS, "Eligibility Guidelines", as directed by the CDHS Office of AIDS, ADAP, attached hereto and incorporated herein by reference, as they currently exist or as

modified by the CDHS. Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Agreement.

(2) If a client is eligible for participation in the CDHS ADAP and medications listed on the ADAP formulary are indicated for client treatment, Contractor shall prescribe such medications and refer client to a participating ADAP pharmacy. County shall furnish Contractor with a current list of participant ADAP pharmacies at the commencement of this Agreement. Drugs listed on the ADAP formulary shall not be a charge to nor reimbursable hereunder.

(3) For medications which are not listed on the ADAP formulary and are indicated for client treatment, Contractor shall provide such drugs for its clients. The non-ADAP drugs listed on Exhibit E-2, OAPP HIV/AIDS Ambulatory Outpatient Medical, Medical Non-ADAP Drug Formulary, may be charged to and are reimbursable hereunder. Drugs not listed on Exhibit E-2 shall not be reimbursable hereunder. Director shall notify Contractor of any revision of this Formulary, which shall become part of this Agreement.

(4) Client's share of cost under any entitlement or insurance program shall not be a charge to nor

reimbursable hereunder. This is not an allowable cost for Ryan White CARE Act funds.

G. Contractor shall hire staff for the Bridge Project. The purpose of the Bridge Project is to (decrease the time to treatment) increase the number of HIV infected persons of color that are referred to and enrolled in comprehensive HIV prevention and treatment services. Specific target populations include African-American men who have sex with men (MSMs), African-American injection drug users and their sexual and/or needle-sharing partners, Latino/a injection drug users and their sexual or needle-sharing partners, and Latino MSMs. The Bridge Worker shall be an interface between community-based services and/or HIV test sites and HIV care/treatment services. The Bridge Worker attempts to re-engage EIP clients whose participation in prevention and treatment is marginal, and/or who may have been lost to treatment. While it is expected that any (if not most) clients will ultimately enroll in EIP, the Bridge Worker may assist clients in enrolling in care and treatment programs that best meet their particular needs.

(1) The Bridge Worker shall outreach to these "hard to reach" and "under-served" populations who are often lost to prevention and treatment services at key points.

(2) The Bridge Worker shall assess the client's readiness to move into more active engagement in EIP services, or if applicable, in other transmission prevention or care programs.

(3) Once a client has entered treatment, the Bridge Worker may act as a treatment advocate - assisting the client in understanding treatment options, supporting the client in making treatment decision, and working with the client on any barriers to remaining in treatment or in adhering to treatment regimens.

(4) Contractor shall ensure that the Bridge Worker staff have significant experience in at least three (3) of the following six (6) areas:

- (a) Street-based Outreach;
- (b) HIV Counseling and Testing;
- (c) Prevention Case Management;
- (d) Psychotherapy or Counseling;
- (e) Health Education; and
- (f) HIV-based Case Management.

(5) General qualifications include the ability to understand HIV transmission and prevention, HIV disease progressions, the basics of HIV medication and treatments (including issues of adherence), sexual

behaviors, the dynamics of substance abuse and addiction, and behavior change theory and interventions. Equally important is the ability to communicate and to educate clients with regards to managing these issues.

(6) Contractor shall also commit the Bridge Worker position(s) to participate in ongoing staff training including, but not limited to, certification as an HIV treatment educator, and attendance at the annual EIP conference and other trainings deemed necessary by the State.

(7) Develop and implement innovative outreach methods to access difficult-to-reach HIV-infected persons and facilitate their entry into the EIP and linkage with services. All the materials to be utilized for outreach shall be approved by OAPP.

(8) Contractor shall commit to full participation with the research component, including collecting and submitting data in an accurate and timely fashion.

H. Contractor shall hire staff for the Positive Changes. The goal of the project is to work with EIP clients already enrolled in care who are assessed as being at high risk for HIV transmission. These individuals will

have multiple, complex problems and/or will have significant difficulty initiating or sustaining lower risk behaviors.

(1) The Risk Reduction Specialist shall provide highly individualized and intensive risk reduction counseling. The emphasis of the Risk Reduction Specialist focuses on harm reduction and incremental change more than on general case management.

(2) The Risk Reduction Specialist shall negotiate, develop and mutually agree upon a Risk Reduction Plan between the client and the Risk Reduction Specialist. This plan represents gradual steps toward goals the client believes are attainable and that the client defines as desirable. Any movement in the direction of reducing risk is defined as a success.

(3) Contractor shall ensure that the Risk Reduction Specialist have a graduate degree in social work or psychology and have experience in HIV, substance abuse, harm reduction and behavior change.

(4) General qualifications include the ability to understand HIV transmission and prevention, HIV disease progressions, the basics of HIV medication and treatments (including issues of adherence), sexual behaviors, the dynamics of substance abuse and

addiction, and behavior change theory and interventions. Equally important is the ability to communicate and to educate clients with regards to managing these issues.

(5) Contractor shall also commit the Positive Changes staff positions(s) to participate in ongoing staff training including, but not limited to, certification as an HIV treatment educator, and attendance at the annual EIP conference.

(6) Contractor shall commit to full participation with the research component, including collecting and submitting data in an accurate and timely fashion.

8. EQUIPMENT PURCHASE: All equipment to be reimbursed by this Agreement must be pre-approved by the State of California, Department of Health Services, Office of AIDS. Equipment purchase applies to the Contractor and any subcontractors. The justification for the purchase should include how many clients will benefit from the purchase of the equipment during the term of this Agreement. Equipment is defined by the State of California as an item with a unit cost of Five Thousand Dollars (\$5,000) or more and a life expectancy of four (4) or more years.

9. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit the following report(s):

A. Monthly Reports: As directed by OAPP, Contractor shall submit a signed hard copy of the monthly report and, as requested, the electronic format of the report and the STANDARD CLIENT LEVEL REPORTING Data for early intervention program services no later than thirty (30) days after the end of each calendar month. The reports shall clearly reflect all required information as specified on the monthly report form and be transmitted, mailed, or delivered to Office of AIDS Programs and Policy, 600 South Commonwealth Avenue, 6th Floor, Los Angeles, California 90005, Attention: Financial Services Division.

B. Semi-annual Reports: As directed by OAPP, Contractor shall submit a six (6) month summary of the data in hard copy, electronic, and/or online format for the periods January through June and July through December.

C. Annual Reports: As directed by OAPP, Contractor shall submit a summary of data in hard copy, electronic, and/or online format for the calendar year due by the end of February of the following year.

D. As directed by OAPP, Contractor shall submit other monthly, quarterly, semi-annual, and/or annual reports in hard copy, electronic, and/or online format within the specified time period for each requested report. Reports

shall include all the required information and be completed in the designated format.

10. COUNTY DATA MANAGEMENT SYSTEM: Contractor shall utilize County's data management system to register client's eligibility data, demographic/resource data, enter service utilization data, medical and support service outcomes, and to record linkages/referrals to other service providers and/or systems of care. County's system will be used to invoice for all delivered services, standardize report, importing efficiency of billing, support program evaluation process, and to provide OAPP and participating contractors with information relative to the HIV/AIDS epidemic in Los Angeles County. Contractor shall ensure data quality and compliance with all data submission requirements.

11. DATA COLLECTION: The Contractor shall accurately and routinely collect data on all EIP clients in a manner that is consistent with the State Office of AIDS/Early Intervention Program on protocols and instruments to be developed by the State. Data shall be collected using State-provided instruments and transmitted to the State via software provided by the State Office of AIDS/Early intervention Section and in accordance with the Data Reporting protocol.

12. ADDITIONAL STAFFING REQUIREMENTS: The HIV/AIDS EIP services shall be provided by licensed health care professionals

with the requisite training in HIV/AIDS. Management of the care and treatment of patients with HIV disease or AIDS shall be provided by a multidisciplinary team. The composition of such a team shall consist of a State of California licensed physician, other appropriate licensed health care providers, and a professional mental health provider.

Professional mental health providers shall be, at a minimum, a Master's of Social Work (MSW), a Licensed Clinical Social Worker (LCSW), Marriage, Family and Child Counselor (MFCC), Psychologist, or Psychiatrist.

The case manager(s) providing services shall be, at a minimum, a Master's of Social Work (MSW), Licensed Clinical Social Worker (LCSW), or Marriage, Family and Child Counselor (MFCC). Contractor shall submit to OAPP within forty-five (45) days of the execution of this Agreement its written case management staff training plan, including locations, dates, topics, and instructors.

The Contractor ensures compliance with the above staffing requirements unless variations have been reviewed and approved by OAPP and the Office of AIDS/Early Intervention Section. When variations have been reviewed and approved, staff shall be supervised by appropriate professional/licensed personnel. An unlicensed case manager shall be supervised by a staff member or consultant with experience in providing case management services

and appropriate professional credentials including a Master's of Social Work (MSW), Licensed Clinical Social Worker (LCSW), Marriage, Family and Child Counselor (MFCC), master's degree in counseling, nursing degree with specialized case management training, or doctorate in a social services field.

13. PROGRAM RECORDS: Contractor shall maintain and/or ensure that its subcontractor(s) maintain adequate health, psychosocial, health education, risk behavior, and case management records which shall be current and kept in detail consistent with good medical and professional practice in accordance with the California Code of Regulations on each individual patient. Such records shall include, but are not limited to: admission record, patient interviews, progress notes, and a record of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services.

A. Patient records shall include, but are not limited to: (1) documentation of HIV disease or AIDS diagnosis; (2) complete medical and social history; (3) completed physical examination and assessment signed by a licensed health care professional; (4) differential diagnosis; (5) current and appropriate treatment/management plan; (6) current problem list; (7) progress notes documenting patient status, condition, and response to interventions,

procedures, medications; and (8) documentation of all contacts with client including date, time, services provided, referrals given, and signature and professional title of person providing services.

B. Collection and maintenance of pertinent data for any studies which may be conducted.

C. Letters of OAPP approval of all forms, tests, surveys, questionnaires, health education outlines, and any other materials utilized with this project.

14. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or service provision and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing services hereunder. Such tuberculosis screening shall consist of a tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

Contractor shall adhere to Exhibit D, "Guidelines for Staff Tuberculosis Screening", attached hereto and incorporated herein by reference. Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Agreement.

15. POLICIES AND PROCEDURES: Contractor shall establish and have available for review by any authorized federal, State, or County representative the following:

A. Written policies, procedures, protocols, and standards related to client/patient care.

B. A client/patient records system which is systematically organized to provide a complete, accurate, correlated, and current file for each client/patient, including, but not limited to: health records, psychosocial status, health education, risk behaviors, case management notes, referral services, etc. Medical records shall be maintained in a centrally located area of the facility and in conformance with either California Code of Regulations (CCR), Title 22 or the Joint Commission on Accreditation of Healthcare Organizations regulations.

C. Written procedures which demonstrate coordination and facilitate transfer of client/patient care among other providers involved with HIV infected individuals.

D. Written procedures for direct or referral services of clients/patients to other providers of early intervention, emergency services, and inpatient care. Services provided through referral shall not be a charge to nor reimbursable hereunder except for the services identified as appropriate for referral in PARAGRAPH 5, mammography and gynecological procedures.

16. MEETING OR TRAININGS: Contractor shall make all EIP staff available to attend at least one (1) Office of AIDS/Early

Intervention Program conferences, meetings, an/or training sessions as required by the State, and shall budget accordingly.

Contractor shall obtain prior approval from OAPP and Office of AIDS/Early Intervention Section for attendance by EIP staff at any training session and/or meeting that is charged against the Contractor's EIP budget.

17. REIMBURSEMENT AND THIRD PARTY PAYORS: Contractor shall identify public and private payors of early intervention services and make appropriate efforts to maximize reimbursements. The Women's EIP determines a client's financial eligibility and ability to pay for services, bills an insurer or third-party payor when appropriate, and utilizes a uniform sliding fee schedule to determine client's share-of-cost. HIV/AIDS early intervention services shall not be denied due to an inability to pay for services.

Contractor shall place any income generated by services provided under this contract, accruing to or received by the Contractor, into an identifiable account. Contractor shall insure that all revenues generated are used exclusively for the enhancement or augmentation of the EIP Program (i.e., to meet identified, agreed upon, EIP-related needs of the Contractor), or must be returned to the State. Contractor shall obtain prior written approval from OAPP and the State, regarding the specified manner in which these funds are to be spent.

Contractor shall maintain adequate documentation of the receipt and use of such funds and shall provide written documentation to OAPP or the State upon request.

18. EMERGENCY AND DISASTER PLAN: Contractor shall submit to OAPP within thirty (30) days of the execution of this Agreement an emergency and disaster plan, describing the procedures and actions to be taken in the event of an emergency, disaster, or disturbance in order to safeguard residents and facility staff. Situations to be addressed in the plan shall include emergency medical treatment for physical illness or injury of residents, earthquake, fire, flood, resident disturbance, and work action. Such plan shall include Contractor's specific procedures for providing this information to all program staff.

19. EMERGENCY MEDICAL TREATMENT: Clients receiving services hereunder who require emergency medical treatment for physical illness or injury shall be transported to an appropriate medical facility. The cost of such transportation as well as the cost of emergency medical care shall not be a charge to nor reimbursable hereunder. Contractor shall have a written agreement(s) with a licensed medical facility(ies) within the community for provision of emergency services as appropriate. Copy(ies) of such written agreement(s) shall be sent to County's

Department of Health Services, Office of AIDS Programs and Policy, Prevention and Client Services Division.

20. PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES: Contractor shall adhere to all provisions within Exhibit L, "People With HIV/AIDS Bill of Rights and Responsibilities" ("Bill of Rights") document attached hereto and incorporated herein by reference. Contractor shall post this document and/or Contractor-specific higher standard at all Care services provider sites, and disseminate it to all patients/clients. A Contractor-specific higher standard shall include, at a minimum, all provisions within the "Bill of Rights". In addition, Contractor shall notify and provide to its officers, employees, and agents, the "Bill of Rights" document and/or Contractor-specific higher standard.

If Contractor chooses to adapt this "Bill of Rights" document in accordance with Contractor's own document, Contractor shall demonstrate to OAPP, upon request, that Contractor fully incorporated the minimum conditions asserted in the "Bill of Rights" document.

21. QUALITY MANAGEMENT: Contractor shall implement a Quality Management (QM) program that assesses the extent to which the care and services provided are consistent with federal (e.g., Public Health Services and CDC Guidelines), State, and local

standards of HIV/AIDS care and services. The QM program shall at a minimum:

- A. Identify leadership and accountability of the medical director or executive director.
- B. Use measurable outcomes and data collected to determine progress toward established benchmarks.
- C. Focus on linkages to care and support services and client perception pertaining to their health and the effectiveness of the service received.
- D. Be a continuous quality improvement (CQI) process reported to senior leadership annually.

22. QUALITY MANAGEMENT PLAN: Contractor shall base its program on a written QM plan. Contractor shall develop one agency-wide QM plan that encompasses all HIV/AIDS care and prevention services if possible. Contractor shall submit to OAPP within sixty (60) days of the receipt of this fully executed Agreement its written QM plan. The plan shall be reviewed and updated as needed by the agency's QM committee, and signed by the medical director or executive director. QM plan and program will be reviewed by OAPP staff during the QM program review. The written QM plan shall at a minimum include the following components:

A. Objectives: QM plan should delineate specific goals and objectives that are in line with the program's mission, vision and values.

B. QM Committee: Describes the purpose of the committee, composition, meeting frequency, at a minimum quarterly, and required documentation (e.g., minutes, agenda, sign-in sheet, etc.). A separate Committee need not be created if the contracted program has established an advisory committee or the like, so long as its composition and activities conform to the QM program objectives.

C. Selection of a QM Approach: Describes the QM approach, such as Plan-Do-Study-Act (PDSA), Chronic Care Model or Joint Commission on Accreditation of Healthcare Organization (JCAHO) 10-Step model, etc.

D. QM Program Content:

(1) Measurement of Outcome Indicators - at a minimum, collection and analysis of data measured from the following specific OAPP indicators. In addition, contractor can measure other aspects of care and services as needed.

(a) Percent of clients have syphilis screening at initial medical assessment visit and annually, except for the high-risk individuals (multiple sex partners, drug use, unprotected sex

history, etc.) syphilis screening is every three (3) months. (Goal-100%-Effectiveness of Care)

(b) Percent of clients have gonorrhea and chlamydia screening at initial medical assessment visit and annually. (Goal-100%-Effectiveness of Care)

(c) Percent of clients have undetectable viral loads count from initial count. (Goal-85%-Efficacy of Care)

(d) Percent of clients have stabilized or increased CD4 count from initial count. (Goal-100%-Efficacy of Care)

(e) EIP will increase the total number of people to be served (i.e., high-risk-HIV-negative clients) by 10% during the contract year. (Goal-Increase of 5% by mid-year - Efficacy of Care)

(2) Development of Data Collection Method - to include sampling strategy (e.g., frequency, percentage of sample size), collection method (e.g., chart abstraction, interviews, surveys, etc.), and creation of a data collection tool.

(3) Collection and Analysis of Data - results to be reviewed and discussed by the QM committee. The

findings of the data analysis are to be communicated with all program staff involved.

(4) Identify and Sustain Improvement - QM committee shall be responsible for identifying improvement strategies, tracking progress, and sustaining the improvement achieved.

E. Client Feedback Process: The QM plan shall describe the mechanism for obtaining ongoing feedback regarding the accessibility, the appropriateness of service and care. The feedback also includes the degree to which the service provided meets client's need and satisfaction. Client input obtained shall be discussed at the agency's QM Committee meetings on a regular basis for the enhancement of the service delivery. Aggregated data is to be reported to the QM committee annually for continuous program improvement.

F. Client Grievance Process: Contractor shall establish policy and procedure for addressing and resolving client's grievances at the level closest to the source within agency. The grievance data is to be tracked, trended, and reported to the agency's QM committee for improvements of care and services. The information is to be made available to OAPP's staff during program reviews.

G. Incident Reporting: Contractor shall furnish to OAPP, upon the occurrence, during the operation of the facility, of any of the events specified as follows:

(1) A report shall be made to the appropriate agency within the agency's next working day during its normal business hours. Events reported shall include the following:

(a) Any unusual incident which threatens the physical or emotional health or safety of any client to include but not limited to patient suicide, medication error, delay in treatment, and patient fall.

(b) Any suspected physical or psychological abuse of any client, such as child, adult, and elderly.

(2) In addition, a written report containing the information specified shall be submitted to appropriate agency and OAPP immediately following the occurrence of such event. Information provided shall include the following:

(a) Client's name, age, and sex;

(b) Date and nature of event;

(c) Disposition of the case;

(d) Staffing pattern at the time of the incident.

Contractor shall comply with event reporting as required by California Code of Regulations, Title 22, Division 6 Licensing of Community Care Facilities, Chapter 1 General Licensing Requirements and Article 6 Report Requirement, if applicable.

H. Random Chart Audits (Medical Outpatient, Medical Nutrition, Case Management, Mental Health, Psychiatry, and Dental Providers of Care Services): Sampling criteria shall be based on important aspects of care and shall be, at a minimum, 10% or 30 charts, whichever is less. Results of sampling to be reported and discussed in the QM committee quarterly.

23. QUALITY MANAGEMENT PROGRAM MONITORING: To determine the compliant level, OAPP shall review contractor's QM program annually. A numerical score will be issued to the contractor's QM program based on 100% as the maximum score. Contractor's QM program shall be assessed for implementation of the following components:

- A. QM Program Content
- B. Client Feedback Process
- C. Client Grievance Process
- D. Random Chart Audit (if applicable).

24. CULTURAL COMPETENCY: Program staff should display nonjudgmental, culture affirming attitude. Program staff should affirm that clients of ethnic and cultural communities are accepted and valued. Programs are urged to participate in an annual self-assessment of their cultural proficiency.

SCHEDULE 20

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

HIV/AIDS EARLY INTERVENTION PROGRAM SERVICES

	<u>Budget Period</u> July 1, 2005 through <u>June 30, 2006</u>
Salaries	\$ 86,220
Employee Benefits	\$ 22,159
Operating Expenses	\$ 69,097
Capital Costs	\$ -0-
Other Costs	\$120,186
Indirect Cost	<u>\$ 10,838</u>
TOTAL PROGRAM BUDGET	\$308,500

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SCHEDULE 21

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

HIV/AIDS EARLY INTERVENTION PROGRAM SERVICES
BRIDGE PROJECT

	<u>Budget Period</u> July 1, 2005 through June 30, 2006
Salaries	\$ 5,570
Employee Benefits	\$ 1,523
Operating Expenses	\$ 4,070
Capital Costs	\$ -0-
Other Costs	\$48,128
Indirect Cost	<u>\$ 709</u>
TOTAL PROGRAM BUDGET	\$60,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SCHEDULE 22

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

HIV/AIDS EARLY INTERVENTION PROGRAM SERVICES
POSITIVE CHANGES PROJECT

	<u>Budget Period</u> July 1, 2005 through <u>June 30, 2006</u>
Salaries	\$ 56,042
Employee Benefits	\$ 15,322
Operating Expenses	\$ 4,000
Capital Costs	\$ -0-
Other Costs	\$ 2,500
Indirect Cost	<u>\$ 7,136</u>
TOTAL PROGRAM BUDGET	\$ 85,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SCHEDULE 23

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

HIV/AIDS EARLY INTERVENTION PROGRAM SERVICES
AIDS DRUG ASSISTANCE PROGRAM

Budget Period
July 1, 2005
through
November 30, 2005

Maximum Obligation \$833

Fee-For-Service Rate:

Client Enrollment \$30

Client Re-certification \$15

Contractor will be reimbursed for AIDS Drug Assistance Program activities at the fee-for-service reimbursement rate as they currently exist or as they are modified by the Office of AIDS Programs and Policy.

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SERVICE DELIVERY SITE QUESTIONNAIRE

SERVICE DELIVERY SITES**TABLE 1**Site# 1 of 1

1	Agency Name:	<u>Charles R. Drew University of Medicine and Science</u>
2	Executive Director:	<u>Harry E. Douglas III, Interim President</u>
3	Address of Service Delivery Site:	<u>3209 N. Alameda Street, Suite "K"</u>
		<u>Compton</u> <u>California</u> <u>90222</u>

4 In which Service Planning Area is the service delivery site?

<u> </u> One: Antelope Valley	<u> </u> Two: San Fernando Valley
<u> </u> Three: San Gabriel Valley	<u> </u> Four: Metro Los Angeles
<u> </u> Five: West Los Angeles	<u> X </u> Six: South Los Angeles
<u> </u> Seven: East Los Angeles	<u> </u> Eight: South Bay

5 In which Supervisorial District is the service delivery site?

<u> </u> One: Supervisor Molina	<u> X </u> Two: Supervisor Burke
<u> </u> Three: Supervisor Yaroslavsky	<u> </u> Four: Supervisor Knabe
<u> </u> Five: Supervisor Antonovich	

6 Based on the amount of medical visits to be provided at this site, what percentage of your allocation is designated to this site? 100%

SERVICE DELIVERY SITE QUESTIONNAIRE

CONTRACT GOALS AND OBJECTIVES

TABLE 2

Enter number of Early Intervention Program Contract Goals and Objective by Service Delivery Site(s).
Please note: "No. of Clients" will refer to the number of **unduplicated** clients.

Contract Goals and Objectives	Unduplicated Clients	Major Medical Assessments	Case Management Services
Service Unit	No. of Clients	One every six months per client	No. of Assessments to be provided.
Site # 1	180	180	180
Site # 2			
Site # 3			
Site # 4			
Site # 5			
Site # 6			
Site # 7			
Site # 8			
Site # 9			
Site # 10			
TOTAL	180	180	180

SERVICE DELIVERY SITE QUESTIONNAIRE

CONTRACT GOALS AND OBJECTIVES

TABLE 2 (continued)

Enter number of Early Intervention Program Contract Goals and Objective by Service Delivery Site(s).
Please note: "No. of Clients" will refer to the number of **unduplicated** clients.

Contract Goals and Objectives	ADAP		Transmission Risk Reduction Services	Mental Health/ Psychosocial Services	Health Education	Bridge Project Services	Positive Choices Program
Service Unit	No. of Enrollments	No of Recertifications	No. of Assessments to be provided	No. of Assessments to be provided	No. of Assessments to be provided	No. of Clients	No. of Clients
Site # 1	15	25	180	180	180	25	25
Site # 2							
Site # 3							
Site # 4							
Site # 5							
Site # 6							
Site # 7							
Site # 8							
Site # 9							
Site # 10							
TOTAL	15	25	180	180	180	25	25

SERVICE DELIVERY SITE QUESTIONNAIRE

CLIENT ETHNICITY

TABLE 3

Number of Unduplicated Clients by Ethnicity and Service Delivery Site(s).

	African American	Asian or Pacific Islander	Latino /a or Hispanic	Native American	White	Other	TOTAL
Site # 1	101	0	75	0	4	0	180
Site # 2							
Site # 3							
Site # 4							
Site # 5							
Site # 6							
Site # 7							
Site # 8							
Site # 9							
Site # 10							
TOTAL	101	0	75	0	4	0	180

SERVICE DELIVERY SITE QUESTIONNAIRE

CLIENT GENDER

TABLE 4

Number of Unduplicated Clients by Gender and Service Delivery Site(s).

	Female	Male	Transgender	TOTAL
Site # 1	15	164	1	180
Site # 2				
Site # 3				
Site # 4				
Site # 5				
Site # 6				
Site # 7				
Site # 8				
Site # 9				
Site # 10				
TOTAL	15	164	1	180

SERVICE DELIVERY SITE QUESTIONNAIRE

CLIENT RISK FACTOR

TABLE 5

Number of Unduplicated Clients by Risk Factor and Service Delivery Site(s).

	Unprotected Male/Male Sex	Injection Drug Use	Unprotected Male/Male Sex and Injection Drug Use	Unprotected Male/Female Sex	Unprotected Male/Female Sex and Injection Drug Use	From Mother to Newborn	Other	TOTAL
Site # 1	22	0	0	20	4	0	134	180
Site # 2								
Site # 3								
Site # 4								
Site # 5								
Site # 6								
Site # 7								
Site # 8								
Site # 9								
Site#10								
TOTAL	22	0	0	20	4	0	134	180

SERVICE DELIVERY SITE QUESTIONNAIRE

CLIENT SERVICE PLANNING AREA RESIDENCY

TABLE 6

Number of Unduplicated Clients by Service Planning Area Residency and Service Delivery Site(s).

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	TOTAL
Site # 1	0	0	0	0	0	180	0	0	180
Site # 2									
Site # 3									
Site # 4									
Site # 5									
Site # 6									
Site # 7									
Site # 8									
Site # 9									
Site # 10									
TOTAL	0	0	0	0	0	180	0	0	180

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
CASE MANAGEMENT AND HOME/COMMUNITY BASED CARE SERVICES AGREEMENT**

Amendment No. 10

THIS AMENDMENT is made and entered into this _____ day
of _____, 2005,

by and between COUNTY OF LOS ANGELES (hereafter
"County"),

and AIDS PROJECT LOS ANGELES
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled
"HUMAN IMMUNODEFICIENCY VIRUS (HIV) ACQUIRED IMMUNE DEFICIENCY
SYNDROME (AIDS) CASE MANAGEMENT AND HOME/COMMUNITY BASED CARE
SERVICES AGREEMENT", dated May 16, 1995, and further identified
as Agreement No. H-204620, and any Amendments thereto (all
hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to extend
Agreement and provide other changes set forth herein; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written Amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective on July 1, 2005.

2. The first paragraph of Paragraph 1, TERM, shall be amended to read as follows:

"1. TERM: The term of this Agreement shall commence on June 17, 1997, and continue in full force and effect through June 30, 2006, subject to the availability of federal, State, or County funding sources. In any event, County may terminate this Agreement in accordance with the TERMINATION Paragraphs of the ADDITIONAL PROVISIONS hereunder."

3. Paragraph 2, DESCRIPTION OF SERVICES, shall be amended to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibits A, D, E, F, G, H, I, J, and K, attached hereto and incorporated herein by reference."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, Subparagraph L, shall be added to Agreement as follows:

"L. During the period of July 1, 2005 through June 30, 2006, the maximum obligation of County for all services provided hereunder shall not exceed Four Hundred Forty-Six Thousand, Three Hundred Ninety-Six Dollars (\$446,396). Such maximum obligation is comprised entirely of net County AIDS funds. This sum represents the total maximum obligation of

County as shown in Schedule 12, attached hereto and incorporated herein by reference."

5. Paragraph 6, COMPENSATION, shall be amended to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services set forth in Schedules 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12, and the COST REIMBURSEMENT paragraph of this Agreement."

6. Paragraph 49, "CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT", shall be deleted in its entirety from the ADDITIONAL PROVISIONS."

7. Paragraph 7, CONFLICT OF TERMS, shall be amended to read as follows:

"7. CONFLICT OF TERMS: To the extent there exists any conflict or inconsistency between the language of this Agreement including its ADDITIONAL PROVISIONS and that of any of the Exhibits, Attachments, and Schedules attached hereto and any documents incorporated herein by reference, the language in this Agreement shall govern and prevail in the following order:

Exhibits A, C, D, E, F, G, H, I, J, and K,
Schedules 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,
and 12,
Exhibit C."

8. Paragraph 59, "CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. Part 76)", shall be added to ADDITIONAL PROVISIONS as follows:

"59. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. Part 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners, officers, partners, directors, or principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner, director, or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Agreement, should it or any of its subcontractors or any principals of either be suspended, debarred, ineligible, or excluded from securing federally funded contracts.

Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement."

9. Exhibit K, SCOPE OF WORK FOR HIV/AIDS CASE MANAGEMENT AND HOME/COMMUNITY BASED CARE SERVICES, and Schedule 12, BUDGET FOR HIV/AIDS CASE MANAGEMENT AND HOME/COMMUNITY BASED CARE SERVICES are attached to this Amendment and incorporated in Agreement by reference.

10. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

AIDS PROJECT LOS ANGELES
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants

EXHIBIT K

AIDS PROJECT LOS ANGELES

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
CASE MANAGEMENT AND HOME/COMMUNITY-BASED CARE SERVICES**

1. DEFINITIONS:

A. "Assessment" shall mean a comprehensive evaluation of each client's physical, psychological, social, environmental, and financial status to determine type and level of service needs. Such evaluation shall be performed in accordance with the State Department of Health Services Case Management Program (CMP) as it now exists or may hereafter be amended.

B. "Registered Nurse Case Management Services" shall mean the provision of comprehensive medical case management for persons with AIDS who are essentially homebound. Each client shall receive a minimum of one (1) nursing visit every sixty (60) days. Clients who are in medical crisis or who are at the end stages of their condition may receive daily visits as necessary. Each full time equivalent Registered Nurse Case Manager will maintain a caseload of twenty-five (25) to forty (40) functionally impaired clients living with AIDS.

C. "Social Worker Case Management Services" shall mean the provision of comprehensive social work case management

which shall include, but not be limited to: psychosocial, financial, housing and related concerns for persons with AIDS who are essentially homebound. The social worker is a member of the core case management team. Each client shall receive a minimum of one (1) social worker visit every sixty (60) days. Each full time equivalent social worker will maintain a caseload of twenty-five (25) to forty (40) functionally impaired clients living with AIDS.

D. "Attendant Care Services" shall mean the provision of non-medical personal care by a home health aide or nurse assistant certified by the California Department of Health Services. The attendant functions under the direct supervision of a Registered Nurse (RN) and provides the following services as necessary: assists client with personal care (bathing, grooming, oral hygiene, skin care, dressing, etc.) and comfort measures, monitors and records vital signs, changes bed linen as necessary, assists with prescribed exercises which the client and attendant have been taught to perform by appropriate health professional personnel, assists client in and out of bed and with ambulation, assists client to bathroom and/or in bedpan use, assists with ordinarily self-administered medications that have been specifically ordered by a physician, performs light housekeeping chores to maintain a clean and healthy

environment, changes dressings and bandages, plans, shops, and prepares nutritious meals as well as assists with serving and feeding client, accompanies client to medical appointments, reports changes in client's condition and needs, and maintains clinical notes in accordance with client/patient care plan.

E. "Homemaker Services" are provided under the direct supervision of a RN. Services provided shall be monitored at least every sixty (60) days. Duties shall consist of general household activities performed when the client is unable to manage home care for him/herself in the home. Homemaker services shall include, but are not limited to: sweeping, vacuuming, washing and waxing floors, washing kitchen counters and sinks, cleaning the oven and stove, cleaning and defrosting the refrigerator, cleaning the bathroom, taking out the garbage, dusting and picking up, changing bed linen, meal preparation and clean-up, laundry, ironing, folding and putting away laundry, shopping and errands, storing food and supplies, accompanying clients to medical appointments, boiling and storing tap water, and other services necessary to allow clients to continue to live independently. The nurse case manager shall determine the total number of hours needed.

F. "Unit of Service" shall be defined as each hour of home health care service provided in the client's permanent or temporary residence.

G. "Service Plan" shall mean a written document that identifies a client's problems and needs, intended interventions, and expected results in measurable terms, with short-range and long-range goals. The service plan shall include the medical, home health care, and other service needs of the client, their frequency, and identification of the appropriate service providers.

H. "Home Health Agency" shall mean a public agency, private organization, or subdivision of such an agency or organization which is primarily engaged in providing skilled nursing and other therapeutic services on a part-time or intermittent basis, to clients in a place of residence used as the client's home under a plan of treatment as prescribed by the attending physician. The agency shall be qualified and licensed by the California Department of Health Services as a Home Health Agency (HHA).

I. "Home Care Organization (HCO)" Shall mean an entity that provides attendant care and/or homemaker services only. If the (HCO) has RN/LVN's on staff, they only supervise the attendant and do not provide or arrange for skilled nursing services. An HCO is not required to be licensed by the

California Department of Health Services (CDHS), but is required to maintain a current business license. There are no State-issued standards or criteria governing these organizations.

2. PARTICIPATION IN THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES' AIDS CASE MANAGEMENT PROGRAM (CMP): Contractor shall maintain its participation in the State's CMP for the entire term of this Agreement. Contractor shall abide by and comply with the requirements, standards, protocols, and procedures established by the CDHS, Office of AIDS as they now exist or shall exist at any future time during the term of this Agreement, and in accordance with the HIV/AIDS Case Management and Home/Community-Based Care Standards and Protocols, as developed by, and provided to, Contractor by the Office of AIDS Programs and Policy (OAPP). Contractor may also be a participant in the State's AIDS Medi-Cal Waiver Program.

3. COUNTY'S MAXIMUM OBLIGATION: During the period of July 1, 2005 through June 30, 2006, that portion of County's maximum obligation which is allocated under this Exhibit for HIV/AIDS case management and home/community-based care services shall not exceed Four Hundred Forty-Six Thousand, Three Hundred Ninety-Six Dollars (\$446,396).

4. COMPENSATION: County agrees to compensate Contractor for performing services hereunder as set forth in Schedule 12.

Contractor and/or its subcontractor shall be reimbursed for certified nursing attendant care services and/or homemaker services at the State approved reimbursement rates as they currently exist or as they are modified by the State. Payment for services provided hereunder shall be subject to the provisions set forth in the COST REIMBURSEMENT Paragraph of this Agreement.

5. STAFFING: Contractor and subcontractor(s) shall operate continuously throughout the term of this Agreement with the appropriately qualified staff in sufficient numbers to meet client needs, and in accordance with applicable federal and State laws, rules, and regulations governing staffing qualifications, requirements, licensure, and ratios.

The Registered Nurse (RN) case manager shall have current cardiopulmonary resuscitation (CPR) certification in accordance with the Business and Professions code of California, Article 2. *Scope of Regulation, number 2725. Legislative Declaration; Practice of Nursing; Functions.*

6. SUBCONTRACTING FOR HOME HEALTH CARE SERVICES: Contractor shall subcontract with a minimum of three (3) licensed home health agencies or home care organizations (HCO) to provide home health care services hereunder. Further, subcontracts for home health care services shall be in accordance with the

SUBCONTRACTING Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto.

Contractor shall subcontract with a sufficient number of service providers to allow the client or legal representative to choose from at least three (3) providers for each service when possible, based on the availability of participating service providers in a given geographical area.

Contractor shall submit for review and approval to OAPP Director the subcontractor agreement for home health care services at least thirty (30) days prior to implementation with the HHA or HCO.

7. SERVICES TO BE PROVIDED: Contractor shall have written policies, procedures, and protocols, including eligibility criteria, for all services to be provided in accordance with California Department of Health Services protocols for the Case Management Program and in accordance with Attachment 1, "Service Delivery Site Questionnaire" attached hereto. Services to be provided shall include, but shall not be limited to:

A. Contractor shall conduct a comprehensive assessment of each client to determine type and level of service needs, using a standardized evaluation format, Contractor shall determine and document client's needs for home health care services.

B. Contractor shall develop and maintain a current service plan for each client. The plan shall include documentation of client's need, frequency of home health care services, and subcontractor selected to provide these services. At a minimum, Contractor shall monitor client's status through monthly contacts. Contractor shall conduct a face-to-face reassessment of client's functional level and need for continued home health care at least every sixty (60) days. The Nurse Case Manager shall have contact with the client at least every thirty (30) days (telephone or face-to-face). The social worker shall have telephone or other contact with the client at least every sixty (60) days if not personally performing the psychosocial reassessments.

C. There shall be a written document that identifies clients's problems and needs, and intended intervention and expected outcomes in measurable terms, with short-range and long-range goals. The service plan shall include the medical and other service needs of the client, the frequency of service, and the identification of the appropriate service providers.

D. Contractor shall identify new problems with planned interventions and expected outcomes. The client's progress shall be documented in clinical summary and/or care rendered in the form of progress notes. There shall be documentation

of the client's (or representative's) input into the comprehensive service plan and the identified service through case management program and documentation of specified services delivered.

E. A case conference shall be held monthly for each client by the core team. A review of and revisions to the service plan shall be documented every thirty (30) days (or as needed) by the nurse case manager and social worker, including the names and titles of those participating in the review. Documentation shall be in the client record of the client's input and/or representative into any review and revision.

F. Contractor shall provide Eleven Thousand, Three Hundred Thirty-Six (11,336) attendant care hours and One Thousand, Six Hundred (1,600) hours of homemaker services for those clients who have expended all California Department of Health Services benefits and Medi-Cal Waiver benefits, and those who are under-insured/non-insured, and those with no other benefits available.

8. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit the following reports:

A. Monthly Reports: As directed by OAPP, Contractor shall submit a signed hard copy of the monthly report and,

as requested, the electronic format of the report and the STANDARD CLIENT LEVEL REPORTING Data for case management and home/community-based care services no later than thirty (30) days after the end of each calendar month. The reports shall clearly reflect all required information as specified on the monthly report form and be transmitted, mailed, or delivered to Office of AIDS Programs and Policy, 600 South Commonwealth Avenue, 6th Floor, Los Angeles, California 90005, Attention: Financial Services Division.

B. Semi-annual Reports: As directed by OAPP, Contractor shall submit a six (6) month summary of the data in hard copy, electronic, and/or online format for the periods January through June and July through December.

C. Annual Reports: As directed by OAPP, Contractor shall submit a summary of data in hard copy, electronic, and/or online format for the calendar year due by the end of February of the following year.

D. As directed by OAPP, Contractor shall submit other monthly, quarterly, semi-annual, and/or annual reports in hard copy, electronic, and/or online format within the specified time period for each requested report. Reports shall include all the required information and be completed in the designated format.

9. COUNTY DATA MANAGEMENT SYSTEM: Contractor shall utilize County's data management system to register client's eligibility data, demographic/resource data, enter service utilization data, medical and support service outcomes, and to record linkages/referrals to other service providers and/or systems of care. County's system will be used to invoice for all delivered services, standardize report, importing efficiency of billing, support program evaluation process, and to provide OAPP and participating contractors with information relative to the HIV/AIDS epidemic in Los Angeles County. Contractor shall ensure data quality and compliance with all data submission requirements.

10. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or service provision and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing services hereunder. Such tuberculosis screening shall consist of a tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

Contractor shall adhere to Exhibit C, "Guidelines for Staff Tuberculosis Screening", attached hereto and incorporated herein by reference. Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Agreement.

11. EMERGENCY AND DISASTER PLAN: Contractor shall submit to OAPP within thirty (30) days of the execution of this Agreement an emergency and disaster plan, describing the procedures and actions to be taken in the event of an emergency, disaster, or disturbance in order to safeguard residents and facility staff. Situations to be addressed in the plan shall include emergency medical treatment for physical illness or injury of residents, earthquake, fire, flood, resident disturbance, and work action. Such plan shall include Contractor's specific procedures for providing this information to all program staff.

12. EMERGENCY MEDICAL TREATMENT: Clients receiving services hereunder who require emergency medical treatment for physical illness or injury shall be transported to an appropriate medical facility. The cost of such transportation as well as the cost of emergency medical care shall not be a charge to nor reimbursable hereunder. Contractor shall have a written agreement(s) with a licensed medical facility(ies) within the community for provision of emergency services as appropriate. Copy(ies) of such written agreement(s) shall be sent to County's Department of Health Services, Office of AIDS Programs and Policy, Prevention and Client Services Division.

13. PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES: Contractor shall adhere to all provisions

within Exhibit L, "People With HIV/AIDS Bill of Rights and Responsibilities" ("Bill of Rights") document attached hereto and incorporated herein by reference. Contractor shall post this document and/or Contractor-specific higher standard at all Care services provider sites, and disseminate it to all patients/clients. A Contractor-specific higher standard shall include, at a minimum, all provisions within the "Bill of Rights". In addition, Contractor shall notify and provide to its officers, employees, and agents, the "Bill of Rights" document and/or Contractor-specific higher standard.

If Contractor chooses to adapt this "Bill of Rights" document in accordance with Contractor's own document, Contractor shall demonstrate to OAPP, upon request, that Contractor fully incorporated the minimum conditions asserted in the "Bill of Rights" document.

14. QUALITY MANAGEMENT: Contractor shall implement a Quality Management (QM) program that assesses the extent to which the care and services provided are consistent with federal (e.g., Public Health Services and CDC Guidelines), State, and local standards of HIV/AIDS care and services. The QM program shall at a minimum:

A. Identify leadership and accountability of the medical director or executive director.

B. Use measurable outcomes and data collected to determine progress toward established benchmarks.

C. Focus on linkages to care and support services and client perception pertaining to their health and the effectiveness of the service received.

D. Be a continuous quality improvement (CQI) process reported to senior leadership annually.

15. QUALITY MANAGEMENT PLAN: Contractor shall base its program on a written QM plan. Contractor shall develop one agency-wide QM plan that encompasses all HIV/AIDS care and prevention services if possible. Contractor shall submit to OAPP within sixty (60) days of the receipt of this fully executed Agreement its written QM plan. The plan shall be reviewed and updated as needed by the agency's QM committee, and signed by the medical director or executive director. QM plan and program will be reviewed by OAPP staff during the QM program review. The written QM plan shall at a minimum include the following components:

A. Objectives: QM plan should delineate specific goals and objectives that are in line with the program's mission, vision and values.

B. QM Committee: Describes the purpose of the committee, composition, meeting frequency, at a minimum quarterly, and required documentation (e.g., minutes,

agenda, sign-in sheet, etc.). A separate Committee need not be created if the contracted program has established an advisory committee or the like, so long as its composition and activities conform to the QM program objectives.

C. Selection of a QM Approach: Describes the QM approach, such as Plan-Do-Study-Act (PDSA), Chronic Care Model or Joint Commission on Accreditation of Healthcare Organization (JCAHO) 10-Step model, etc.

D. QM Program Content:

(1) Measurement of Outcome Indicators - at a minimum, collection and analysis of data measured from the following specific OAPP indicators. In addition, contractor can measure other aspects of care and services as needed.

(a) 100% of clients will receive a comprehensive assessment to determine type and level of service needs, including but not limited to client's need for home health care service.

(Effectiveness of Care)

(b) 100% of clients will have a current service plan that includes documentation of client's need, frequency of home health care services and a face-to-face reassessment of functional level at least every sixty (60) days.

(Effectiveness of Care)

(c) 100% of service plans will be reviewed and documented at least every thirty (30) days or as needed by the nurse case manager and social worker. (Effectiveness of Care)

(d) Percent of clients reporting general satisfaction with the services received through the program. (Goal-80%-Client Perspective Issue)

(2) Development of Data Collection Method - to include sampling strategy (e.g., frequency, percentage of sample size), collection method (e.g., chart abstraction, interviews, surveys, etc.), and creation of a data collection tool.

(3) Collection and Analysis of Data - results to be reviewed and discussed by the QM committee. The findings of the data analysis are to be communicated with all program staff involved.

(4) Identify and Sustain Improvement - QM committee shall be responsible for identifying improvement strategies, tracking progress, and sustaining the improvement achieved.

E. Client Feedback Process: The QM plan shall describe the mechanism for obtaining ongoing feedback regarding the accessibility, the appropriateness of service and care. The feedback also includes the degree to which the service provided meets client's need and satisfaction.

Client input obtained shall be discussed at the agency's QM Committee meetings on a regular basis for the enhancement of the service delivery. Aggregated data is to be reported to the QM committee annually for continuous program improvement.

F. Client Grievance Process: Contractor shall establish policy and procedure for addressing and resolving client's grievances at the level closest to the source within agency. The grievance data is to be tracked, trended, and reported to the agency's QM committee for improvements of care and services. The information is to be made available to OAPP's staff during program reviews.

G. Incident Reporting: Contractor shall furnish to OAPP, upon the occurrence, during the operation of the facility, of any of the events specified as follows:

(1) A report shall be made to the appropriate agency within the agency's next working day during its normal business hours. Events reported shall include the following:

(a) Any unusual incident which threatens the physical or emotional health or safety of any client to include but not limited to patient suicide, medication error, delay in treatment, and patient fall.

(b) Any suspected physical or psychological abuse of any client, such as child, adult, and elderly.

(2) In addition, a written report containing the information specified shall be submitted to appropriate agency and OAPP immediately following the occurrence of such event. Information provided shall include the following:

- (a) Client's name, age, and sex;
- (b) Date and nature of event;
- (c) Disposition of the case;
- (d) Staffing pattern at the time of the incident.

Contractor shall comply with event reporting as required by California Code of Regulations, Title 22, Division 6 Licensing of Community Care Facilities, Chapter 1 General Licensing Requirements and Article 6 Report Requirement, if applicable.

H. Random Chart Audits (Medical Outpatient, Medical Nutrition, Case Management, Mental Health, Psychiatry, and Dental Providers of Care Services): Sampling criteria shall be based on important aspects of care and shall be, at a minimum, 10% or 30 charts, whichever is less. Results of sampling to be reported and discussed in the QM committee quarterly.

16. QUALITY MANAGEMENT PROGRAM MONITORING: To determine the compliant level, OAPP shall review contractor's QM program annually. A numerical score will be issued to the contractor's QM program based on 100% as the maximum score. Contractor's QM program shall be assessed for implementation of the following components:

- A. QM Program Content
- B. Client Feedback Process
- C. Client Grievance Process
- D. Random Chart Audit (if applicable).

17. CULTURAL COMPETENCY: Program staff should display nonjudgmental, culture affirming attitude. Program staff should affirm that clients of ethnic and cultural communities are accepted and valued. Programs are urged to participate in an annual self-assessment of their cultural proficiency.

SCHEDULE 12

AIDS PROJECT LOS ANGELES

HIV/AIDS CASE MANAGEMENT AND HOME/COMMUNITY-BASED CARE SERVICES

	<u>Budget Period</u> July 1, 2005 through June 30, 2006
Salaries	\$156,671
Employee Benefits	<u>\$ 28,201</u>
Total Salaries and Employee Benefits	\$184,872
Travel	\$ -0-
Equipment	\$ -0-
Supplies	\$ 4,478
Other Costs	\$ 24,444
Subcontracts	
Attendant/CNA (11,336 Hrs.)	\$187,055
Homemaker (1,600 Hrs.)	<u>\$ 18,500</u>
Total Subcontracts	\$205,555
Indirect Cost	<u>\$ 27,047</u>
TOTAL PROGRAM BUDGET	\$446,396

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SERVICE DELIVERY SITE QUESTIONNAIRE

SERVICE DELIVERY SITES**TABLE 1**Site# 1 of 1

1.	Agency Name:	<u>AIDS Project Los Angeles</u>
2.	Executive Director:	<u>Craig E. Thompson</u>
3.	Address of Service Delivery Site:	<u>611 S. Kingsley Drive</u>
		<u>Los Angeles</u> <u>California</u> <u>90005</u>

4. In which Service Planning Area is the service delivery site?

<u> </u> One: Antelope Valley	<u> </u> Two: San Fernando Valley
<u> </u> Three: San Gabriel Valley	<u> X </u> Four: Metro Los Angeles
<u> </u> Five: West Los Angeles	<u> </u> Six: South Los Angeles
<u> </u> Seven: East Los Angeles	<u> </u> Eight: South Bay

5. In which Supervisorial District is the service delivery site?

<u> </u> One: Supervisor Molina	<u> </u> Two: Supervisor Burke
<u> X </u> Three: Supervisor Yaroslavsky	<u> </u> Four: Supervisor Knabe
<u> </u> Five: Supervisor Antonovich	

6. Based on the amount of Case Management and Home/Community-Based Care Services to be provided at this site, what percentage of your allocation is designated to this site? 100%

SERVICE DELIVERY SITE QUESTIONNAIRE

CONTRACT GOALS AND OBJECTIVES

TABLE 2

Enter number of Services Contract Goals and Objective by Service Delivery Site(s).

Contract Goals and Objectives	Attendant Care		Homemaker Services	
Service Unit	No. of Hours		No. of hours	
Site # 1	11,336		1,600	
Site # 2				
Site # 3				
Site # 4				
Site # 5				
Site # 6				
Site # 7				
Site # 8				
TOTAL	11,336		1,600	

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
FAITH-BASED PREVENTION INITIATIVE FOR AFRICAN-AMERICAN AND LATINO
COMMUNITIES OF FAITH SERVICES AGREEMENT**

Amendment No. 1

THIS AMENDMENT is made and entered into this _____ day
of _____, 2005,

by and between COUNTY OF LOS ANGELES (hereafter
"County"),
and THE WALL-LAS MEMORIAS (hereafter
"Contractor").

WHEREAS, reference is made to that certain document entitled
"HUMAN IMMUNODEFICIENCY VIRUS (HIV) ACQUIRED IMMUNE DEFICIENCY
SYNDROME (AIDS) FAITH-BASED PREVENTION INITIATIVE FOR AFRICAN-
AMERICAN AND LATINO COMMUNITIES OF FAITH SERVICES AGREEMENT",
dated January 13, 2004, and further identified as Agreement No.
H-700184; and

WHEREAS, it is the intent of the parties hereto to extend
Agreement and provide other changes set forth herein; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written Amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective on January 1, 2006.

2. The first paragraph of Paragraph 1, TERM, shall be amended to read as follows:

"1. TERM: The term of this Agreement shall commence on January 14, 2004 and continue in full force and effect through December 31, 2006, subject to the availability of federal, State, or County funding sources. Thereafter, this agreement shall automatically renew for two (2) one (1) year periods, effective January 1, 2007 through December 31, 2007 and January 1, 2008 through December 31, 2008, respectively and without further action of the parties. In any event, County may terminate this Agreement in accordance with the TERMINATION Paragraphs of the ADDITIONAL PROVISIONS hereunder."

3. Paragraph 2, DESCRIPTION OF SERVICES, shall be amended to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibits A, A-1, A-2, D, D-1, D-2, and D-3, attached hereto and incorporated herein by reference."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs C, D, and E, shall be added to Agreement as follows:

"C. During the period of January 1, 2006 through December 31, 2006, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred

Fifty Thousand Dollars (\$150,000). Such maximum obligation is comprised entirely of federal Centers for Disease Control and Prevention funds. This sum represents the total maximum obligation of County as shown in Schedule 3, attached hereto and incorporated herein by reference.

D. During the period of January 1, 2007 through December 31, 2007, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Fifty Thousand Dollars (\$150,000). Such maximum obligation is comprised entirely of Centers for Disease Control funds. This sum represents the total maximum obligation of County as shown in Schedule 4, attached hereto and incorporated herein by reference.

E. During the period of January 1, 2008 through December 31, 2008, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Fifty Thousand Dollars (\$150,000). Such maximum obligation is comprised entirely of Centers for Disease Control funds. This sum represents the total maximum obligation of County as shown in Schedule 5, attached hereto and incorporated herein by reference."

5. Paragraph 6, COMPENSATION, shall be amended to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services set forth in Schedules 1, 2, 3, 4, and 5, and the COST REIMBURSEMENT paragraph of this Agreement."

6. Paragraph 7, CONFLICT OF TERMS, shall be amended to read as follows:

"7. CONFLICT OF TERMS: To the extent there exists any conflict or inconsistency between the language of this Agreement including its ADDITIONAL PROVISIONS and that of any of the Exhibits, Attachments, and Schedules attached hereto and any documents incorporated herein by reference, the language in this Agreement shall govern and prevail in the following order:

Exhibits A, A-1, A-2, D, D-1, D-2 and D-3,
Schedules 1, 2, 3, 4, and 5,
Exhibits B and C."

7. Paragraph 34, "CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT", shall be deleted in its entirety from the ADDITIONAL PROVISIONS.

8. Paragraph 48, "CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. Part 76)", shall be added to ADDITIONAL PROVISIONS as follows:

"48 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. Part 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners, officers, partners, directors, or principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner, director, or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Agreement, should it or any of its subcontractors or any principals of either be suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement."

9. Exhibits D, D-1, D-2, and D-3, SCOPES OF WORK FOR HIV/AIDS FAITH-BASED PREVENTION INITIATIVE FOR AFRICAN-AMERICAN AND LATINO COMMUNITIES OF FAITH SERVICES, and Schedules 3, 4, and 5, BUDGETS FOR HIV/AIDS FAITH-BASED PREVENTION INITIATIVE FOR AFRICAN-AMERICAN AND LATINO COMMUNITIES OF FAITH SERVICES are attached to this Amendment and incorporated in Agreement by reference.

10. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

THE WALL-LAS MEMORIAS
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants

EXHIBIT D

THE WALL - LAS MEMORIAS

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
FAITH-BASED PREVENTION INITIATIVE FOR AFRICAN-AMERICAN AND LATINO
COMMUNITIES OF FAITH**

1. DEFINITION: HIV/AIDS faith-based prevention initiative for African-American and Latino communities of faith (Faith-Based Initiative) serve to empower and mobilize religious institutions and communities of faith to improve Los Angeles County's response against HIV/AIDS in the African-American and Latino communities. Faith-Based Initiative efforts include services that maintain, update and extend existing directories of HIV/AIDS ministries available throughout Los Angeles County, strengthen relationships with existing faith-based leaders and influential members from faith-based organizations and establishing relationships with newly recruited faith-based leaders and influential members of faith-based organizations, and provide technical assistance in linking faith-based organizations to capacity building support services designed to facilitate the development, implementation and sustainment of faith-based HIV/AIDS prevention activities. The delivery format of such programs may include, but is not limited to: contributing to ongoing efforts to update the Pastor's Guidebook developed for African-American and Latino churches; providing technical assistance and capacity building to

new and ongoing participants; conducting community-wide outreach events and trainings; facilitate networking and collaboration; facilitating HIV Counseling and Testing opportunities; developing a symposium and/or summit on theological methods to faith based HIV/AIDS prevention and treatment; and production and distribution of newsletters, and other activities as determined by Office of AIDS Programs and Policy (OAPP).

2. PERSONS TO BE SERVED: HIV/AIDS faith-based prevention initiative services shall be provided to faith communities who reside in Service Planning Areas (SPAs) 1 through 8 of Los Angeles County.

3. SERVICE DELIVERY SITE: Contractor's facility where services are to be provided hereunder is located at: 111 North Avenue 56, Los Angeles, California 90042. For the purposes of this Agreement, Contractor shall specify cross streets and locations for all faith-based prevention activities in monthly reports to OAPP. OAPP reserves the right to approve or deny all sites.

Contractor shall request approval from OAPP in writing a minimum of thirty (30) days before terminating services at such location and/or before commencing services at any other location(s).

4. COUNTY'S MAXIMUM OBLIGATION: During the period of January 1, 2006 through December 31, 2006, that portion of

County's maximum obligation which is allocated under this Exhibit for HIV/AIDS faith-based prevention initiative services shall not exceed One Hundred Fifty Thousand Dollars (\$150,000). During the period of January 1, 2007 through December 31, 2007, the maximum obligation shall not exceed One Hundred Fifty Thousand Dollars (\$150,000) and during the period January 1, 2008 through December 31, 2008, the maximum obligation shall not exceed One Hundred Fifty Thousand Dollars (\$150,000).

5. COMPENSATION:

A. County agrees to compensate Contractor for performing services hereunder as set forth in Schedules 3, 4, and 5.

B. Services performed under this Agreement are subject to review of monthly and annual expenditures and program performance. OAPP may modify payment for services based on the above-mentioned criteria.

Payment for services provided hereunder shall be subject to the provisions set forth in the COST REIMBURSEMENT paragraph of this Agreement.

6. SERVICES TO BE PROVIDED: Contractor shall provide HIV/AIDS faith-based prevention initiative services in accordance with procedures formulated and adopted by Contractor's staff, consistent with laws, regulations, and the terms of this Agreement. Additionally, Contractor shall provide such services

as described within Exhibits D-3, D-4, and D-5, Scopes of Work, attached hereto and incorporated herein by reference.

7. ADDITIONAL SERVICE REQUIREMENTS:

A. Contractor shall utilize the web-based HIV/AIDS Information System (HIRS) for collection, data entry, and generation of client-level data to submit to OAPP.

B. Contractor shall comply with the Interim Revision of Requirements for Content of AIDS-related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs, attached hereto and incorporated herein by reference in Exhibit B.

C. Contractor shall submit for approval such educational materials to OAPP at least thirty (30) days prior to the projected date of implementation. For the purposes of this Agreement, educational materials may include, but are not limited to, written materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).

D. Failure of Contractor to abide by this requirement may result in the suspension of this Agreement at the Director's sole discretion.

E. Contractor shall utilize funds received from County for the sole purpose of providing faith-based prevention initiative services.

F. Contractor shall maintain separate financial accounts of funds received from County.

G. Contractor shall not utilize funds received from County for the purpose of any and all activities associated with needle exchange, including but not limited to, purchasing and exchanging of needles.

H. Contractor shall ensure that all staff supported by County funds are not engaged in any and all needle exchange activities.

I. Contractor shall be responsible for reimbursing County for all funds expended on any and all activities associated with needle exchange.

J. Any breach of these provisions shall result in the immediate termination of Agreement.

8. STAFFING REQUIREMENTS:

A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Agreement, staff shall be defined as paid and volunteer individuals providing services as described in Exhibits D-1, D-2, and D-3, Scopes of Work.

B. Contractor shall maintain recruitment records, to include, but not be limited to: 1) job description of all positions funded under this Agreement; 2) staff résumé(s); and 3) biographical sketch(es) as appropriate.

In accordance with the ADDITIONAL PROVISIONS attached hereto and incorporated herein by reference, if during the term of this Agreement an executive director, program director, supervisory position or any paid program staff under this Agreement becomes vacant, Contractor shall notify the OAPP Director in writing prior to filling said vacancy.

9. STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in Exhibits D-1, D-2, and D-3, Scopes of Work.

A. Contractor shall provide and/or allow access to ongoing staff development and training of HIV/AIDS faith-based staff. Staff Development and training shall include, but not be limited to:

(1) HIV/AIDS - training shall include at a minimum: how the immune system fights diseases, routes of transmission, transmission myths, HIV's effect on the immune system and opportunistic infections, HIV treatment strategies, HIV antibody testing and test site information, levels of risky behavior, primary and

secondary prevention methods, psychosocial and cultural aspect of HIV infection, and legal and ethical issues.

(2) Sexually Transmitted Diseases (STD) - training shall include at a minimum: routes of transmission, signs and symptoms, treatment and prevention, complications, and links between HIV for chlamydia, gonorrhea, syphilis, trichomoniasis, genital herpes, genital warts and hepatitis.

(3) Tuberculosis (TB) - training shall include at a minimum: definition of TB exposure and disease, routes of transmission, signs and symptoms, TB tests, treatment and prevention, drug resistant TB, and links between TB and HIV.

(4) Curriculum Development - contractor shall ensure that at least one (1) staff who is responsible for the development of curricula attend OAPP's "Making the Connection: Developing a Comprehensive Curriculum" training.

B. Contractor shall maintain documentation of staff training to include, but not be limited to: 1) date, time, and location of staff training; 2) training topic(s); and 3) name of attendees.

C. Contractor shall document training activities in monthly report to OAPP. For the purposes of this Agreement,

training documentation shall include, but not be limited to:
1) date, time, and location of staff training; 2) training topic(s); and 3) name of attendees.

10. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit the following report(s):

A. Monthly Report: As directed by OAPP, Contractor shall submit a signed hard copy of the monthly report and, as requested, the electronic format of the report and the STANDARD CLIENT LEVEL REPORTING Data for faith-based prevention initiative services no later than thirty (30) days after the end of each calendar month. The reports shall clearly reflect all required information as specified on the monthly report form and be transmitted, mailed, or delivered to Office of AIDS Programs and Policy, 600 South Commonwealth Avenue, 6th Floor, Los Angeles, California 90005, Attention: Financial Services Division Director.

B. Semi-Annual Reports: As directed by OAPP, Contractor shall submit a six (6) month summary of the data in hard copy, electronic, and/or online format.

C. Annual Report: Contractor shall submit a summary of data in hard copy, electronic, and/or online format for the year due thirty (30) days after the last day of the contract term.

D. Other Reports: As directed by OAPP, Contractor shall submit other monthly, quarterly, semi-annual, and/or annual reports in hard copy, electronic, and/or online format within the specified time period for each requested report. Reports shall include all the required information and be completed in the designated format.

11. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

Contractor shall adhere to Exhibit C, "Guidelines for Staff Tuberculosis Screening", attached hereto and incorporated herein by reference. Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Agreement.

12. QUALITY MANAGEMENT: Contractor shall implement a Quality Management (QM) program that assesses the extent to which the care and services provided are consistent with federal (e.g., Public Health Services and CDC Guidelines), State, and local standards of HIV/AIDS care and services. The QM program shall at a minimum:

A. Identify leadership and accountability of the medical director or executive director.

B. Use measurable outcomes and data collected to determine progress toward established benchmarks.

C. Focus on linkages to care and support services and client perception pertaining to their health and the effectiveness of the service received.

D. Be a continuous quality improvement (CQI) process reported to senior leadership annually.

13. QUALITY MANAGEMENT PLAN: Contractor shall base its program on a written QM plan. Contractor shall develop one agency-wide QM plan that encompasses all HIV/AIDS care and prevention services if possible. Contractor shall submit to OAPP within sixty (60) days of the receipt of this fully executed Agreement its written QM plan. The plan shall be reviewed and updated as needed by the agency's QM committee, and signed by the designated medical director or executive director. The QM plan and program will be reviewed by OAPP staff during the QM program review. The written QM plan shall at a minimum include the following components:

A. Objectives: QM plan should delineate specific goals and objectives that are in line with the program's mission, vision and values.

B. QM Committee: Describes the purpose of the committee, composition, meeting frequency, at a minimum quarterly, and required documentation (e.g., minutes, agenda, sign-in sheet, etc). A separate Committee need not be created if the contracted program has established an advisory committee or the like, so long as its composition and activities follow the QM program objectives.

C. Selection of QM Approach: Describes the QM approach, such as Plan-Do-Study-Act (PDSA), Chronic Care Model or Joint Commission on Accreditation of Healthcare Organization (JCAHO) 10-Step model.

D. QM Program Content:

(1) Measurement of Outcome Indicators - at a minimum, collection and analysis of data measured from the specific OAPP selected indicators. In addition, contractor can measure other aspects of care and services as needed.

(2) Development of Data Collection Method - to include sampling strategy (e.g., frequency, percentage of sample size), collection method (e.g., chart abstraction, interviews, surveys, etc.), and creation of a data collection tool.

(3) Collection and Analysis of Data - results to be reviewed and discussed by the QM committee. The

findings of the data analysis are to be communicated with all program staff involved.

(4) Identify and Sustainment Improvement - QM committee shall be responsible for identifying improvement strategies, tracking progress, and sustaining the improvement achieved.

E. Client Feedback Process: The QM plan shall describe the mechanism for obtaining ongoing feedback regarding the accessibility, the appropriateness of service and care. The feedback also include the degree to which the service provided meets client's need and satisfaction. Client input obtained shall be discussed at the agency's QM Committee on a regular basis for the enhancement of the service delivery. Aggregated data is to be reported to the QM committee annually for continuous program improvement.

F. Client Grievance Process: Contractor shall establish a policy and procedure for addressing and resolving client's grievances at the level closest to the source within agency. The grievance data is to be tracked, trended, and reported to the agency's QM committee for improvements of care and services. The information is to be made available to OAPP's staff during program reviews.

G. Random Chart Audits (Prevention Services): Sampling criteria shall be based on important aspects of

prevention and care and shall be, at a minimum, 10% or 30 charts, whichever is less. Results of sampling to be reported and discussed in the QM committee quarterly.

14. QUALITY MANAGEMENT PROGRAM MONITORING: To determine the compliant level, OAPP shall review contractor's QM program annually. A numerical score will be issued to the contractor's QM program based on 100% as the maximum score. Contractor's QM program shall be assessed for implementation of the following components:

- A. QM Program Content
- B. Client Feedback Process
- C. Client Grievance Process
- D. Random Chart Audit (if applicable).

15. EVALUATION:

A. Contractor shall develop and submit to OAPP within ninety (90) days of the execution of this Agreement its evaluation plan of HIV/AIDS faith-based prevention initiative services. The evaluation plan shall be consistent with the Centers for Disease Control and Prevention (CDC) Evaluation Guidance Evaluating CDC-funded Health Department HIV Prevention Programs, Volumes 1 and 2, (1999) as it currently exist or as it is modified in the future.

B. Contractor shall submit process data consistent with the types of data required by the CDC (Example forms to summarize process data located in Volume 2, Chapter 4 of Evaluating CDC-funded Health Department HIV Prevention Programs), as directed by OAPP.

C. OAPP shall provide Contractor with CDC Evaluation Guidance Evaluating CDC-funded Health Department HIV Prevention Programs, Volumes 1 and 2, (1999) and forms, no later than thirty (30) days following full execution of this Agreement.

D. Contractor shall submit to OAPP the required data and information no later than thirty (30) days after the end of each calendar month. The required data and information shall be submitted in accordance with the CDC Evaluation Guidance and forms, as provided by OAPP.

E. OAPP shall provide written notification to Contractor of any revisions or modifications to CDC Evaluation Guidance Evaluating CDC-funded Health Department HIV Prevention Programs, Volumes 1 and 2, (1999) and forms within ten (10) working days of OAPP's receipt of such revisions or modifications.

F. Contractor shall participate in the OAPP-managed development of a uniform data collection system for prevention evaluation as directed by OAPP.

SCHEDULE 3

THE WALL - LAS MEMORIAS

FAITH-BASED PREVENTION INITIATIVE FOR
AFRICAN-AMERICAN AND LATINO COMMUNITIES OF FAITH

SERVICE PLANNING AREAS: 1 THROUGH 8

	<u>Budget Period</u> January 1, 2006 through <u>December 31, 2006</u>
Salaries	\$ 87,080
Employee Benefits	<u>\$ 20,899</u>
Total Salaries and Employee Benefits	\$107,979
Operating Expenses	\$ 40,021
Capital Expenditures	\$ -0-
Other Costs	\$ 2,000
Indirect Cost	<u>\$ -0-</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SCHEDULE 4

THE WALL - LAS MEMORIAS

FAITH-BASED PREVENTION INITIATIVE FOR
AFRICAN-AMERICAN AND LATINO COMMUNITIES OF FAITH

SERVICE PLANNING AREAS: 1 THROUGH 8

	<u>Budget Period</u> January 1, 2007 through <u>December 31, 2007</u>
Salaries	\$ 87,080
Employee Benefits <u>\$ 20,899</u>	
Total Salaries and Employee Benefits	\$107,979
Operating Expenses	\$ 40,021
Capital Expenditures	\$ -0-
Other Costs	\$ 2,000
Indirect Cost	<u>\$ -0-</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

SCHEDULE 5

THE WALL - LAS MEMORIAS

FAITH-BASED PREVENTION INITIATIVE FOR
AFRICAN-AMERICAN AND LATINO COMMUNITIES OF FAITH

SERVICE PLANNING AREAS: 1 THROUGH 8

	<u>Budget Period</u> January 1, 2008 through <u>December 31, 2008</u>
Salaries	\$ 87,080
Employee Benefits	<u>\$ 20,899</u>
Total Salaries and Employee Benefits	\$107,979
Operating Expenses	\$ 40,021
Capital Expenditures	\$ -0-
Other Costs	\$ 2,000
Indirect Cost	<u>\$ -0-</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Office of AIDS Programs and Policy's Director. Funds shall only be utilized for eligible program expenses.

EXHIBIT D-1
SCOPE OF WORK
 1/01/2006 - 12/31/2006

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 12/31/06, a minimum of 40 unduplicated faith organizations or churches will participate in a needs assessment interview.	1.1 Review and revise, as needed, interview protocol, needs assessment, AIDS Consortium application, and promotional materials. Submit to the Office of AIDS Programs and Policy (OAPP) for approval. 1.2 Schedule assessment interviews and maintain calendar of sites, dates and times. 1.3 Conduct needs assessment interviews and maintain encounter log including but not limited to: sites, dates, number of individuals contacted, demographic information, and materials presented.	By 2/01/06 1/01/06 and ongoing 1/01/06 and ongoing	1.1 Letter(s) of OAPP approval and materials will be kept on file. 1.2 Documents will be kept on file and activity progress documented in monthly reports to OAPP. 1.3 Documents will be kept on file and submitted with monthly reports to OAPP.
2.0 By 12/31/06, a minimum of 30 faith leaders/representatives that completed the needs assessment will participate in a 5-hour HIV/AIDS Training that includes the Development of an HIV/AIDS Ministry and a CBO Referral Workshop.	2.1 Review and revise forms and training workshop curriculum in collaboration with BaumanCurry & Co (BC&C). Workshop curriculum to include but not be limited to: HIV/AIDS facts, overcoming stigmas, compassion for people with HIV or AIDS, HIV prevention information, prevention and education and other issues identified in the needs assessment. Submit to OAPP for approval. 2.2 Schedule workshop, maintain calendar of sites, dates, and times. 2.3 Conduct workshop and obtain sign-in sheets.	By 2/01/06 1/01/06 and ongoing 1/01/06 and ongoing	2.1 Letter(s) of OAPP approval and materials will be kept on file. 2.2 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP. 2.3 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
2A.0 By 12/31/06, a minimum of 25 faith leaders/representatives will increase their knowledge score by 15% from a pre-test to a post-test.	2A.1 Administer pre-test and post-tests, analyze results and submit data to BaumanCurry and OAPP.	1/01/06 and ongoing	2A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2B.0 By 12/31/06, a minimum of 20 faith leaders/representatives will commit to take at least one step in the implementation of an HIV/AIDS Ministry at their organizations.	2B.1 Administer commitment forms, analyze results, and submit data to OAPP.	1/01/06 and ongoing	2B.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.

EXHIBIT D-1
SCOPE OF WORK
1/01/2006 - 12/31/2006

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2C.0 By 12/31/06, a minimum of 10 faith leaders/representatives will participate in a 30-day follow-up interview.	2C.1 Conduct interview, maintain log of date, time, and topics discussed.	1/01/06 and ongoing	2C.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2D.0 By 12/31/06, a minimum of 8 faith leaders/representatives will report having taken at least one step towards the implementation of an HIV/AIDS Ministry at their organizations.	2D.1 Administer one-month follow-up form, analyze results and document data to OAPP.	1/01/06 and ongoing	2D.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2E.0 By 12/31/06, a minimum of 6 faith leaders/representatives will participate in a 60-day follow-up interview.	2E.1 Conduct follow-up interview, maintain log of date, time and topics discussed.	1/01/06 and ongoing	2E.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2F.0 By 12/31/06, a minimum of 4 faith leaders/representatives will report having maintained an HIV/AIDS Ministry at their organizations.	2F.1 Administer 60-day follow-up form, analyze results and document data to OAPP.	1/01/06 and ongoing	2F.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
3.0 By 12/31/06, a minimum of 10 faith leaders/representatives will participate in Community Relations Workshop. The workshop will be 2 ½ hours in length.	3.1 Develop Community Relations Workshop curriculum and action plan. Submit to OAPP for approval.	By 1/01/06	3.1 Letter(s) of OAPP approval and materials will be kept on file.
The intent of the Workshop is to provide additional capacity building skills to faith organizations wanting to implement an HIV/AIDS Ministry.	3.2 Schedule workshops, maintain calendar of dates, sites and location.	1/01/06 and ongoing	3.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	3.3 Conduct workshop, obtain sign in sheets. Report data to BC&C and OAPP.	1/01/06 and ongoing	3.3 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
3A.0 By 12/31/06, a minimum of 10 faith leader/representatives will complete an 1 year action plan to increase HIV/AIDS program impact and sustainability.	3A.1 Administer action plan form, analyze results and submit data to OAPP.	1/01/06 and ongoing	3A.1 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
4.0 By 12/31/06, a minimum of 20 faith leaders/representatives will participate in at least one of 2 HIV Testing Focus Groups.	4.1 Develop focus group protocol, promotional materials and forms. Submit to OAPP for approval.	By 1/01/06 and ongoing	4.1 Letter(s) of OAPP approval and materials will be kept on file.
	4.2 Schedule focus groups, maintain calendar of times, dates and locations.	1/01/06 and ongoing	4.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.
	4.3 Conduct focus groups, obtain sign-in sheets. Submit to BC&C and OAPP with monthly reports.	1/01/06 and ongoing	4.3 Completed materials will be kept on file and results documented in monthly reports to OAPP.
4A.0 By 12/31/06, a HIV Testing in Faith Communities Protocol will be developed.	4A.1 Draft protocol in collaboration with BC&C. Submit final protocol to OAPP with the CAB endorsement.	1/01/06 and ongoing	4A.1 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.

EXHIBIT D-1
 SCOPE OF WORK
 1/01/2006 - 12/31/2006

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
5.0 By 12/31/06, a minimum of 80 faith community members will attend at least one of the following HIV/AIDS prevention and awareness activities: Noche de las Memorias or National Latino AIDS Awareness Day.	5.1 Review and revise, as needed, promotional materials and behavior commitment form. Submit to OAPP for approval. 5.2 Schedule prevention and awareness activities. Maintain calendar of sites, dates, and times. 5.3 Conduct prevention and awareness activities. Maintain sign-in sheets.	By 2/01/06 1/01/06 and ongoing 1/01/06 and ongoing 1/01/06 and ongoing	5.1 Letter(s) of OAPP approval and materials will be kept on file. 5.2 Calendar of events will be kept on file and submitted with monthly reports to OAPP. 5.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
5A.0 By 12/31/06, a minimum of 40 participants who attended an HIV/AIDS prevention and awareness activity will commit to talking to their family members or friends about HIV education and prevention.	5A.1 Administer commitment forms, analyze results, and submit data to OAPP.	1/01/06 and ongoing	5A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
6.0 By 12/31/06, gather information for the "Pastoral Guidebook" for Latino Communities of Faith in collaboration with BaumanCurry.	6.1 Gather information including lessons learned from CAB, ministry development trainings, focus groups, symposiums, etc. Maintain documentation and provide updates to OAPP.	1/01/06 and ongoing	6.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
Pastoral Guidebook to be published in 2008.			
7.0 By 12/31/06, program staff will present findings, outcome and lessons learned to the Prevention Planning Committee (PPC).	7.1 Review outcome data, lessons learned and findings, and submit draft report to OAPP for approval. 7.2 Schedule presentation with OAPP and PPC Executive Subcommittee. Maintain calendar of date and time. 7.3 Conduct presentation at PPC and maintain copy of presentation and agenda. Analyze results and report to OAPP.	1/01/06 and ongoing 1/01/06 and ongoing 1/01/06 and ongoing	7.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP. 7.2 Documents will be kept on file and activity progress documented in monthly reports to OAPP. 7.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
8.0 By 12/31/06, program staff will attend quarterly meetings of the Latino Coalition Against AIDS Consortium.	8.1 Attend meetings, maintain calendar of sites, dates, and times and agenda items.	1/01/06 and ongoing	8.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP.

EXHIBIT D-2
SCOPE OF WORK
1/01/2007 through 12/31/2007

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 12/31/07, a minimum of 40 unduplicated faith organizations or churches will participate in a needs assessment interview.	<p>1.1 Review and revise, as needed, interview protocol, needs assessment, AIDS Consortium application, and promotional materials. Submit to the Office of AIDS Programs and Policy (OAPP) for approval.</p> <p>1.2 Schedule assessment interviews and maintain calendar of sites, dates and times.</p> <p>1.3 Conduct needs assessment interviews and maintain encounter log including but not limited to: sites, dates, number of individuals contacted, demographic information, and materials presented.</p>	<p>By 2/01/07</p> <p>1/01/07 and ongoing</p> <p>1/01/07 and ongoing</p>	<p>1.1 Letter(s) of OAPP approval and materials will be kept on file.</p> <p>1.2 Documents will be kept on file and activity progress documented in monthly reports to OAPP.</p> <p>1.3 Documents will be kept on file and submitted with monthly reports to OAPP.</p>
2.0 By 12/31/07, a minimum of 30 faith leaders/representatives that completed the needs assessment will participate in a 5-hour HIV/AIDS Training that includes the Development of an HIV/AIDS Ministry and a CBO Referral Workshop.	<p>2.1 Review and revise forms and training workshop curriculum in collaboration with BaumanCurry & Co. (BC&C). Workshop curriculum to include but not be limited to: HIV/AIDS facts, overcoming stigmas, compassion for people with HIV or AIDS, HIV prevention information, prevention and education and other issues identified in the needs assessment. Submit to OAPP for approval.</p> <p>2.2 Schedule workshop, maintain calendar of sites, dates, and times.</p> <p>2.3 Conduct workshop and obtain sign-in sheets.</p>	<p>By 2/01/07</p> <p>1/01/07 and ongoing</p> <p>1/01/07 and ongoing</p>	<p>2.1 Letter(s) of OAPP approval and materials will be kept on file.</p> <p>2.2 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.</p> <p>2.3 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.</p>
2A.0 By 12/31/07, a minimum of 25 faith leaders/representatives will increase their knowledge score by 15% from a pre-test to a post-test.	2A.1 Administer pre-test and post-tests, analyze results and submit data to BaumanCurry and OAPP.	1/01/07 and ongoing	2A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2B.0 By 12/31/07, a minimum of 20 faith leaders/representatives will commit to take at least one step in the implementation of an HIV/AIDS Ministry at their organizations.	2B.1 Administer commitment forms, analyze results, and submit data to OAPP.	1/01/07 and ongoing	2B.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.

EXHIBIT D-2
SCOPE OF WORK
1/01/2007 through 12/31/2007

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2C.0 By 12/31/07, a minimum of 10 faith leaders/representatives will participate in a 30-day follow-up interview.	2C.1 Conduct interview, maintain log of date, time, and topics discussed.	1/01/07 and ongoing	2C.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2D.0 By 12/31/07, a minimum of 8 faith leaders/representatives will report having taken at least one step towards implementation of an HIV/AIDS Ministry at their organizations.	2D.1 Administer one-month follow-up form, analyze results and document data to OAPP.	1/01/07 and ongoing	2D.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2E.0 By 12/31/07, a minimum of 6 faith leaders/representatives will participate in a 60-day follow up interview.	2E.1 Conduct follow-up interview, maintain log of date, time and topics discussed.	1/01/07 and ongoing	2E.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2F.0 By 12/31/07, a minimum of 4 faith leaders/representatives will report having maintained an HIV/AIDS Ministry at their organization.	2F.1 Administer 60-day follow up form, analyze results and document data to OAPP.	1/01/07 and ongoing	2F.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
3.0 By 12/31/07, a minimum of 10 faith leaders/representatives will participate in Community Relations Workshop. The workshop will be 2 ½ hours in length.	3.1 Review and revise, as needed, community relations workshop curriculum, action plan. Submit to OAPP for approval.	By 1/01/07	3.1 Letter(s) of OAPP approval and materials will be kept on file.
	3.2 Schedule workshops, maintain calendar of dates, times, and location.	1/01/07 and ongoing	3.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.
The intent of the Workshop is to provide additional capacity building skills to faith organizations wanting to implement an HIV/AIDS Ministry.	3.3 Conduct workshop, obtain sign in sheets. Report data to BC&C and OAPP.	1/01/07 and ongoing	3.3 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
3A.0 By 12/31/07, a minimum of 10 faith leader/representatives will complete a 1 year action plan to increase HIV/AIDS program impact and sustainability.	3A.1 Administer action plan form, analyze results and submit data to OAPP.	1/01/07 and ongoing	3A.1 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
4.0 By 12/31/07, a minimum of 100 faith community members will be tested at an HIV Testing event sponsored by a faith organization. Testing event to follow established protocol.	4.1 Schedule testing events, maintain calendar of times, dates and locations.	1/01/07 and ongoing	4.1 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
	4.2 Facilitate testing events, maintain log of number of people tested. Submit data to BC&C and OAPP.	1/01/07 and ongoing	4.2 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.

EXHIBIT D-2
 SCOPE OF WORK
 1/01/2007 through 12/31/2007

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
5.0 By 12/31/07, a minimum of 80 faith community members will attend at least one of the following HIV/AIDS prevention and awareness activities: Noche de las Memorias or National Latino AIDS Awareness Day.	5.1 Review and revise, as needed, promotional materials and behavior commitment form. Submit to OAPP for approval. 5.2 Schedule prevention and awareness activities. Maintain calendar of sites, dates, and times. 5.3 Conduct prevention and awareness activities. Maintain sign-in sheets.	By 2/01/07 1/01/07 and ongoing 1/01/07 and ongoing	5.1 Letter(s) of OAPP approval and materials will be kept on file. 5.2 Calendar of events will be kept on file and submitted with monthly reports to OAPP. 5.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
5A.0 By 12/31/07, a minimum of 40 participants who attended an HIV/AIDS prevention and awareness activity will commit to talking to their family members or friends about HIV education and prevention.	5A.1 Administer commitment forms, analyze results, and submit data to OAPP.	1/01/07 and ongoing	5A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
6.0 By 12/31/07, a minimum of 100 faith leaders/representatives will participate in a one-day Faith Based HIV/AIDS Symposium. The Symposium is intended to raise awareness among faith leaders/representatives of HIV/AIDS treatment and prevention issues.	6.1 Develop symposium outline, pre/post tests, educational materials. Submit to OAPP for approval. 6.2 Schedule symposium, maintain calendar of sites, dates, and times. 6.3 Conduct symposium and maintain sign-in sheets.	By 2/01/07 1/01/07 and ongoing 1/01/07 and ongoing	6.1 Letter(s) of OAPP approval and materials will be kept on file. 6.2 Calendar of events will be kept on file and submitted with monthly reports to OAPP. 6.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
6A.0 By 12/31/07, a minimum of 80 faith leaders/representatives will increase their knowledge of HIV/AIDS treatment and prevention issues by 15% from pre-test to post test.	6A.1 Administer pre/post test, analyze results and report data to BC&C and OAPP.	1/01/07 and ongoing	6A.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
6B.0 By 12/31/07, a minimum of 50 participants who attended the symposium will complete a commitment form to adopt the statement of principles.	6B.1 Administer commitment forms, analyze results, and submit data to OAPP.	1/01/07 and ongoing	6B.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
7.0 By 12/31/07, gather information for a "Pastoral Guidebook" for Latino Communities of Faith in collaboration with BaumanCurry. Pastoral Guidebook to be published in 2008.	7.1 Gather information including lessons learned from CAB, ministry development trainings, focus groups, symposiums, etc. Maintain documentation and provide updates to BC&C and OAPP.	1/01/07 and ongoing	7.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP.

EXHIBIT D-3
SCOPE OF WORK
1/01/2008 - 12/31/2008

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.					
MEASURABLE OBJECTIVE(S)		IMPLEMENTATION ACTIVITIES		TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 12/31/08, a minimum of 40 unduplicated faith organizations or churches will participate in a needs assessment interview.		1.1 Review and revise, as needed, interview protocol, and needs assessment, AIDS Consortium application, and promotional materials. Submit to the Office of AIDS Programs and Policy (OAPP) for approval.		By 2/01/08	1.1 Letter(s) of OAPP approval and materials will be kept on file.
		1.2 Schedule assessment interviews and maintain calendar of sites, dates and times.		1/01/08 and ongoing	1.2 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
		1.3 Conduct needs assessment interviews and maintain encounter log including but not limited to: sites, dates, number of individuals contacted, demographic information, and materials presented.		1/01/08 and ongoing	1.3 Documents will be kept on file and submitted with monthly reports to OAPP.
		2.1 Review and revise forms and training workshop curriculum in collaboration with BaumanCurry & Co. (BC&C). Workshop curriculum to include but not be limited to: HIV/AIDS facts, overcoming stigmas, compassion for people with HIV or AIDS, HIV prevention information, prevention and education and other issues identified in the needs assessment. Submit to OAPP for approval.		By 2/01/08	2.1 Letter(s) of OAPP approval and materials will be kept on file.
2.0 By 12/31/08, a minimum of 30 faith leaders/representatives that completed the needs assessment will participate in a 5-hour HIV/AIDS Training that includes the Development of an HIV/AIDS Ministry and a CBO Referral Workshop.		2.2 Schedule workshop, maintain calendar of sites, dates, and times.		1/01/08 and ongoing	2.2 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
		2.3 Conduct workshop and obtain sign-in sheets.		1/01/08 and ongoing	2.3 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
		2A.1 Administer pre-test and post-tests, analyze results and submit data to BaumanCurry and OAPP.		1/01/08 and ongoing	2A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
		2B.1 Administer commitment forms, analyze results, and submit data to OAPP.		1/01/08 and ongoing	2B.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2A.0 By 12/31/08, a minimum of 25 faith leaders/representatives will increase their knowledge score by 15% from a pre-test to a post-test.					
2B.0 By 12/31/08, a minimum of 20 faith leaders/representatives will commit to take at least one step in the implementation of an HIV/AIDS Ministry at their organizations.					

EXHIBIT D-3
SCOPE OF WORK
1/01/2008 - 12/31/2008

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2C.0 By 12/31/08, a minimum of 10 faith leaders/representatives will participate in a 30-day follow-up interview.	2C.1 Conduct interview, maintain log of date, time, and topics discussed.	1/01/08 and ongoing	2C.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2D.0 By 12/31/08, a minimum of 8 faith leaders/representatives will report having taken at least one step towards implementation of an HIV/AIDS Ministry at their organizations.	2D.1 Administer one-month follow-up form, analyze results and document data to OAPP.	1/01/08 and ongoing	2D.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2E.0 By 12/31/08, a minimum of 6 faith leaders/representatives will participate in a 60-day follow up interview.	2E.1 Conduct follow-up interview, maintain log of date, time and topics discussed.	1/01/08 and ongoing	2E.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
2F.0 By 12/31/08, a minimum of 4 faith leaders/representatives will report having maintained an HIV/AIDS Ministry at their organization.	2F.1 Administer 60-day follow up form, analyze results and document data to OAPP.	1/01/08 and ongoing	2F.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
3.0 By 12/31/08, a minimum of 10 faith leaders/representatives will participate in Community Relations Workshop. The workshop will be 2 ½ hours in length.	3.1 Review and revise, as needed, community relations workshop curriculum, action plan. Submit to OAPP for approval.	By 1/01/08	3.1 Letter(s) of OAPP approval and materials will be kept on file.
The intent of the Workshop is to provide additional capacity building skills to faith organizations wanting to implement an HIV/AIDS Ministry.	3.2 Schedule workshops, maintain calendar of dates, times, and location.	1/01/08 and ongoing	3.2 Completed materials will be kept on file and results documented in monthly reports to OAPP.
3A.0 By 12/31/08, a minimum of 10 faith leader/representatives will complete an 1 year action plan to increase HIV/AIDS program impact and sustainability.	3.3 Conduct workshop, obtain sign in sheets. Report data to BC&C and OAPP.	1/01/08 and ongoing	3.3 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
4.0 By 12/31/08, a minimum of 100 faith community members will be tested at an HIV Testing event sponsored by a faith organization. Testing event to follow established protocol.	3A.1 Administer action plan form, analyze results and submit data to OAPP.	1/01/08 and ongoing	3A.1 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
	4.1 Schedule testing events, maintain calendar of times, dates and locations.	1/01/08 and ongoing	4.1 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.
	4.2 Facilitate testing events, maintain log of number of people tested. Submit data to BC&C and OAPP.	1/01/08 and ongoing	4.2 Documents will be kept on file and number of participants will be submitted with monthly reports to OAPP.

EXHIBIT D-3
SCOPE OF WORK
1/01/2008 - 12/31/2008

The Contractor shall achieve the following goals and objectives. Objectives are achieved by following the work plan, composed of implementation and evaluation activities. Activities are to be completed according to the stated timelines and are to be documented as specified.

Goal No. 1: To empower and mobilize faith-based organizations to address HIV/AIDS in the Latino communities within Service Planning Areas 1 through 8 of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
5.0 By 12/31/08, a minimum of 80 faith community members will attend at least one of the following HIV/AIDS prevention and awareness activities: Noche de las Memorias or National Latino AIDS Awareness Day.	<p>5.1 Review and revise, as needed, promotional materials and behavior commitment form. Submit to OAPP for approval.</p> <p>5.2 Schedule prevention and awareness activities. Maintain calendar of sites, dates, and times.</p> <p>5.3 Conduct prevention and awareness activities. Maintain sign-in sheets.</p> <p>5A.1 Administer commitment forms, analyze results, and submit data to OAPP.</p>	<p>By 2/01/08</p> <p>1/01/08 and ongoing</p> <p>1/01/08 and ongoing</p> <p>1/01/08 and ongoing</p>	<p>5.1 Letter(s) of OAPP approval and materials will be kept on file.</p> <p>5.2 Calendar of events will be kept on file and submitted with monthly reports to OAPP.</p> <p>5.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.</p> <p>5A.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.</p>
5A.0 By 12/31/08, a minimum of 40 participants who attended an HIV/AIDS prevention and awareness activity will commit to talking to their family members or friends about HIV education and prevention.	6.1 Review outcome data, lessons learned and findings, prepare draft report in collaboration with BC&C and Palms. Submit to OAPP for approval.	By 2/01/08	6.1 Completed materials will be kept on file and results documented in monthly reports to OAPP.
6.0 By 12/31/08, a presentation will be prepared on "lessons learned from the field" and presented to the Prevention Planning Committee (PPC).	6.2 Schedule presentation with OAPP and PPC Executive Subcommittee. Maintain calendar of date and time.	1/01/08 and ongoing	6.2 Calendar of events will be kept on file and submitted with monthly reports to OAPP.
Presentation to be prepared in collaboration with BC&C and Palms.	6.3 Conduct presentation at PPC in collaboration with BC&C and Palms, and maintain copy of presentation and agenda. Analyze results and report to OAPP.	1/01/08 and ongoing	6.3 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
7.0 By 12/31/08, one "Pastoral Guidebook" for Latino Communities of Faith in collaboration with The Wall will be completed.	7.1 Gather information including lessons learned from CAB, ministry development trainings, focus groups, symposiums. Submit to CAB for review.	By 5/01/08	7.1 Letter(s) of OAPP approval and materials will be kept on file.
	7.2 Prepare finalized guidebook and submit to OAPP for approval.	6/01/08 and ongoing	7.2 Documents will be kept on file and activity progress documented in monthly reports to OAPP.
7A.0 By 12/31/08, a minimum of 150 copies of the "Pastoral Guidebook" for Latino Communities of Faith will be distributed to faith leaders, PPC and OAPP.	7A.1 Distribute guidebook and maintain distribution log with names, dates and locations. Submit data to BC&C and OAPP.	6/01/08 and ongoing	7A.1 Documents will be kept on file and activity progress documented in monthly reports to OAPP.